# Department of Social Services MO HealthNet Division

# Fiscal Year 2019 Budget Request Book 5 of 6

Steve Corsi, Psy.D., Director

**Printed with Governor's Recommendation** 



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100 Sec. 2011-2017	2019 DEPARTMENT REQUEST						2019 Governor's Recommendation					
Decision Item Name	FTE	GR	FF	OF	Total	FT	E	GR	FF	OF	Total	
MO HealthNet Administration												
Core	225.70	3,337,196	8,882,773	2,484,619	14,704,588	220	5.70	3,337,196	8,882,773	2,484,619	14,704,588	
NDI- Pay Plan	223.70	3,331,130	0,002,773	2,404,025	24,704,500		0.00	34,791	62,726	22,872	120,389	
NDI- Electronic Visit Verification							1.00	41,669	41,669	0	83,338	
NDI- Advancing MMIS Technology							7.00	236,407	236,407	0	472,814	
Total	225.70	3,337,196	8,882,773	2,484,619	14,704,588	-	3.70	3,650,063	9,223,575	2,507,491	15,381,129	
Total	223.70	3,337,136	0,662,773	2,404,013	14,704,386	233	3.70	3,650,063	9,223,373	2,307,431	13,361,125	
Clinical Services Program Management												
Core	0.00	461,917	12,214,032	2,485,506	15,161,455		0.00	461,917	12,214,032	2,485,506	15,161,455	
Total	0.00	461,917	12,214,032	2,485,506	15,161,455	(	0.00	461,917	12,214,032	2,485,506	15,161,455	
Women & Minority Health Care Outreach												
Core	0.00	529,796	568,625	c	1,058,421		0.00	529,796	568,625	c	1,098,421	
Total	0.00	529,796	568,625	c	1,098,421	_	0.00	529,796	568,625	c	1,098,421	
TOTAL .	0.001	323,730	360,623	U	1,030,021	<u> </u>	0.00 ]	323,730	300,023	U U	1,036,421	
TPL Contracts												
Core	0.00	0	3,000,000	3,000,000	6,000,000		0.00	a	3,000,000	3,000,000	6,000,000	
NDI - TPL Contracts Inc.	0.00	0	1,250,000	1,250,000	2,500,000		0.00	0	1,250,000	1,250,000	2,500,000	
Total	0.00	0	4,250,000	4,250,000	8,500,000		0.00	0	4,250,000	4,250,000	8,500,000	
Information Systems												
Core	0.00	11,777,149	53,664,294	2,021,687	67,463,130	,	0.00	11,777,149	53,664,294	2,021,687	67,463,130	
NDI - Contract Extentions	0.00	395,881	876,085	0	1,271,966		0.00	395,881	876,085	0	1,271,966	
NDI- Electronic Visit Verification	0.00	333,001	0.0,000	_	-,,,,,,,,,		0.00	59,500	535,500	0	595,000	
NDI- Advancing MMIS Technology							0.00	6,385,003	2,700,000	0	9,085,003	
Total	0.00	12,173,030	54,540,379	2,021,687	68,735,096	-	0.00	18,617,533	57,775,879	2,021,687	78,415,099	
2 3 1 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3												
Electronic Health Records Incentives												
Core	C.00	0	35,000,000	0	35,000,000		0.00	0	28,000,000	0	28,000,000	
Total	C.00	0	35,000,000	oj	35,000,000		0.00	0	28,000,000	0	28,000,000	
Money Follows the Person												
Core	0.00	0	532,549	0	532,549		0.00	0	532,549	0	532,549	
Total	0.00	0	532,549	0	532,549	(	0.00	o	532,549	0	532,549	
Pharmacy												
Core	0.00	110,609,884	802,636,344	323,690,613	1,236,936,841		0.00	93,224,439	795,398,811	323,690,613	1,212,313,863	
ND - Year 1 Asset Limits	0.00	935,369	6,069,272	2,440,228	9,444,869		0.00	377,587	2,553,349	985,064	3,916,000	
NDI - Year 2 Asset Limits	0.00	352,460	2,286,989	919,513	3,558,962		0.00	240,202	1,624,316	626,650	2,491,168	
NDI - MHD GR Pickup	0.00	13,107,337	C	0	13,107,337		0.00	13,107,337	0	O	13,107,337	
NDI - Pharmacy PMPM-Speciality	0.00	19,524,645	35,105,029	0	54,629,674		0.00	18,853,984	35,328,801	o	54,182,785	
NDI - Pharmacy PMPM-Non - Speciality	0.00	2,294,165	4,124,876	a	6,419,041		0.00	C	0	o	n	
NDI-FMAF adjustment	0.00	0	0	0	0		0.00	C	13,522,978	C	13,522,978	
Tatal	0.00	146,823,860	850,222,510	327,050,354	1,324,096,724	_	0.00	125,803,549	848,428,255	325,302,327	1,299,534,131	
						7.	0.200		William W.	10.000		
Pharmacy - Medicare Part D Clawback	2.22		14				0.00	222 222 222	120	2		
Core	0.00	226,750,733	0	0	226,750,733		0.00	226,750,733	o	o	226,750,733	
NDI - Clawback Increase	0.00	3,224,87C	0	0	3,224,870	_	0.00		0	0	0 225 250 222	
Tata/	0.00	229,975,603	0	0	229,975,603		0.00	226,750,733	0	0	226,750,733	

		201	9 DEPARTMENT REQUE	ST	2019 Governor's Recommendation						
Decision Item Name	FTE	GR	FF	OF	Total		FTE	GR	FF	OF	Total
Missouri Rx Plan	, , , , , , , , , , , , , , , , , , ,										
Core	0.00	6,907,477	0	4,655,326	11,562,803		0.00	6,715,564	۵	4,655,326	11,370,890
NDI - Year 1 Asset Limits	0.00	66,662	0	0	66,662		0.00	27,639	O	C	27,639
NDI - Year 2 Asset Limits	0.00	25,120	0	0	25,120		0.00	17,583	0	C	17,583
Total	0.00	6,999,259	0	4,655,326	11,654,585		0.00	6,760,786	a	4,655,326	11,416,112
Pharmacy FRA											
Core	0.00	0	0	108,308,926	108,308,926		0.00	0	0	108,308,926	108,308,926
Total	0.00	0	0	108,308,926	108,308,926		0.00	0	0	108,308,926	108,308,926
GR Pharmacy FRA Transfer											
Core	0.00	38,737,111	0	0	38,737,111		0.00	38,737,111	0	0	38,737,111
Total	0.00	38,737,111	a	o	38,737,111		0.00	38,737,111	0	0	38,737,111
Pharmacy FRA Transfer											
Core	0.00	0	o.	38,737,111	38,737,111		0.00	0	0	38,737,111	38,737,111
Total	0.00	a	ol	38,737,111	38,737,111		0.00	o	o	38,737,111	38,737,111
Physician Related Prof											
Core	0.00	*** * * * * * * * * * * * * * * * * * *	202 000 426	13,504,004	411,443,544		0.00	100,858,120	275,255,617	13,504,004	389,617,741
NDI - Year 1 Asset Limit	0.00	114,849,104	283,090,436				0.00	662,625	1,345,894	100 to 10	2,064,160
		1,639,987	3,199,170	139,321	4,978,478					56,241	AC-229
NDI - Year 2 Asset Limit	0.00	617,971	1,205,493	52,498	1,875,962		0.00	421,148	856,192	35,778	1,313,118
NDI - MHD Cast to Continue	0.00	57,667,549	41,472,809	C	99,140,358		0.00	53,946,028	36,383,192	٥	90,329,220
NDI-FMAP adjustment							0.00	0	7,986,374	O	7,986,374
NDI-Health Home Expansion						_	0.00	377,130	678,C74	0	1,055,204
Total	0.00	174,774,611	328,967,908	13,695,823	517,438,342	_	0.00	156,264,451	322,505,343	13,596,023	492,365,817
Neonatal Abstinence Syndrome											
Core	0.00	500,000	898,993	C	1,398,993		0.00	486,808	898,993	٥	1,385,801
NDI- FMAP adjustment	2000000					_	0.00	0	13,192	0	13,192
Total	0.00	500,000	898,993	a	1,398,993	1	0.00	486,808	912,185	0	1,398,993
Dental											
Core	0.00	682,270	3,405,160	919,935	5,007,365		0.00	537,686	3,693,400	919,935	5,151,021
NDI - Year 1 Asset Limits	0.00	20,576	36,996	a	57,572		0.00	8,306	15,564	٥	23,870
NDI - Year 2 Asset Limits	0.00	7,753	13,941	٥	21,694		0.00	5,284	9,901	0	15,185
NDI - MHD Cost to Continue	0.00	643,104	634,126	٥	1,277,230		0.00	785,876	484,339	a	1,270,215
ND - FMAP adjustment		2-0					0.00	0	73,519	0	73,519
Total	0.00	710,599	3,456,097	919,935	5,086,631		0.00	1,337,152	4,276,723	919,935	6,533,810
Premium Payments											
Care	0.00	88,605,500	172,608,746	0	261,214,246		0.00	84,267,486	166,371,124	0	250,638,610
NDI - Year 1 Asset Limits	0.00	872,868	1,569,404	0	2,442,272		0.00	352,357	660,250	0	1,012,607
NDI - Year 2 Asset Limits	0.00	328,909	591,374	0	920,283		0.00	224,152	420,019	0	644,171
NDI - MHD Cost to Continue	0.00	3,980,393	2,296,680	۵	6,277,073		0.00	۵	٥	0	0
NDI - MediCare Premium Inc	0.00	9,142,886	17,802,993	0	26,945,879		0.00	2,995,668	6,067,956	0	9,063,624
NDI- FMAP adjustment	151501			10.50	MINE SERVE SICILI		VOID CRATE	0	4,338,014	0	4,338,014
Tatal	0.00	89,807,277	174,769,524	0	264,576,801		0.00	87,839,663	177,857,363	0	265,697,026
Nursing Facilities											
Core	0.00	134,380,603	378,476,928	65,527,432	578,384,963		0.00	131,024,656	373,884,434	65,527,432	570,436,522
NDI - MHD Cost to Continue	0.00	7,072,488	370,470,320	0	7,072,488		0.00	4,816,334	0.	03,527,432	4,816,334
NDI- FMAP adjustment	U.UL	7,072,400	, and a	U	1,012,486		0.00	4,616,534	3,355,947	a	3,355,947
	0.00	4.44 485 850	222 424 425	er ran 400	585,457,451			135,840,990	- Adam	65,527,432	
Total	C.OC	141,453,091	378,476,928	65,527,432	585,457,451		0.00	155,840,990	377,240,381	55,527,432	578,608,803

#### DEPARTMENT OF SOCIAL SERVICES

#### FISCAL YEAR 2019 BRASS SECTION SUMMARY

CONSTRUCTOR STATE AND ADDRESS OF THE STATE O	100000		19 DEPARTMENT REQU		- W	2019 Governor's Recommendation					
Decision Itam Name	FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total	
Home Health											
Core	0.00	1,836,459	3,603,380	159,305	5,599,144	0.00	1,650,874	3,341,333	159,305	5,151,512	
NDI - Year 1 Asset Limits	0.00	22,742	40,890	0	63,632	0.00	9,181	17,203	133,363	26,384	
NDI - Year 2 Asset Limits	0.00	8,570	15,408	0	23,978	0.00	5,840	10,944	0	16,784	
ND - FMAP adjustment	35,000	5,575	45,450		23,576	0.00	0	42,008	0	42,008	
Total	0.00	1,867,771	3,659,678	159,305	5,686,754	0.00	1,665,895	3,411,488	159,305	5,236,688	
rocar	0.00	1,000,771	3,633,676	135,303	3,606,734	0.50	1,683,633	3,411,400	155,505	3,236,686	
ong Term Support Payments											
Core	0.00	0	7,036,964	3,913,804	10,950,768	0.00	C	7,036,964	3,810,539	10,847,503	
NDI-FMAP adjustment							c	103,265	0	103,265	
Total	0.00	0	7,036,964	3,913,804	10,950,768	0.00	c	7,140,229	3,810,539	10,950,768	
Rehab & Specialty Services											
Core	0.00	84,145,779	162,275,790	26,620,851	273,042,420	0.00	05 400 704	175 174 507	25 520 054	202 405 600	
NDI - Year 1 Asset Limits	0.00				THE RESERVE OF THE PROPERTY OF		85,429,726	175,134,503	26,620,851	287,185,080	
NOI - Year 2 Asset Limits		612,162	1,419,474	177,318	2,208,954	0.00	247,116	597,174	71,579	915,869	
	0.00	230,672	534,878	66,816	832,366	0.00	157,203	379,893	45,535	582,631	
NDI - MHD Cost to continue	0.00	6,056,600	3,750,548	٥	9,807,148	0.00	10,231,309	8,606,781	a	18,838,090	
NDI - Hospice Rate Increase	0.00	105,373	192,373	o	297,746	0.00	94,493	177,061	o	271,554	
NDI- FMAF adjustment	0.00	0	0	0	0	0.00	٩	146,582	0	146,582	
Fotal .	0.00	91,150,586	168,173,063	26,864,985	286,188,634	0.00	96,159,847	185,041,994	26,737,965	307,939,806	
NEMT											
Core	0.00	13,752,044	34,509,279	C	48,261,323	0.00	13,372,596	31,558,732	0	44,931,328	
IDI - Year 1 Asset Limits	0.00	157,030	282,337	C	439,367	0.00	63,389	118,779	0	182,168	
DI - Year 2 Asset Limits	0.00	59,171	106,389	C	165,560	0.00	40,325	75,562	٥	115,887	
IDI - MHD Cost to continue	0.00	316,687	0	c	316,687	0.00	224,336	α	0	224,336	
IDI - NEMT Actuaria Increase	0.00	789,522	1,419,550	c	2,209,072	0.00	768,691	1,440,381	0	2,209,072	
IDI- FMAP adjustment						0.00	0	379,448	0	379,448	
Total .	0.00	13,968,245	34,898,005	c	48,866,250	0.00	14,469,337	33,572,902	a	48,042,239	
Community Health Access Progress											
Core	0.00	500.000	000 000		4 200 002	10.00					
Total	0.00	500,000	898,993	c	1,398,993	0.00	0	0	0	0	
otar	0.00	500,000	898,993	C)	1,398,993	0.00	Ol .	0	0	0	
Fround Emer Med Transport											
ore	0.00	0	53,084,513	30,875,733	83,960,246	0.00	0	53,084,513	29,215,647	82,300,160	
IDI- FMAP adjustment						0.00	0	1,660,086	0	1,660,086	
rotal .	0.00	0	53,084,513	30,875,733	83,960,246	0.00	0	54,744,599	29,215,647	83,960,246	
omplex Rehab Technology Products											
are	0.00	4,184,510	7,563,641	O	11,748,151	0.00	3,845,450	7,097,286	0	10,942,736	
DI - Year 1 Asset Limits	0.00	37,904	68,150	a	106,054	0.00	15,301	28,671	٥	43,972	
IDI - Year 2 Asset Limits	0.00	14,283	25,680	0	39,963	0.00	9,734	18,239	0		
DI - MHD Cost to Continue	0.00	54,415	55,694	0	110,109	0.00	3,734	10,239	0	27,973 0	
DI- FMAP adjustment	0.00	34,413	33,634	<b>U</b>	110,109	0.60	0		0		
otal	0.00	4,236,697	7,657,471	o	11,894,168	0.00	3,870,485	108,358 7,252,554	0	108,358	
				704.2			L.	The state of the s			
Ambulance SRV Reim. Allow Transfer	0.00	20 022 022	-		** *** ***			1000	140		
ore	0.00	20,837,332	C	0	20,837,332	0.00	20,837,332	0	0	20,837,332	
'ctal	0.00	20,837,332	c	0	20,837,332	0.00	20,837,332	0	0	20,837,332	

	2		19 DEPARTMENT REQUI			- 4		Governor's Recommen	······································		
Decision Item Name	FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total	
GR Ambulance SRV Reim. Allow Transfer						11					
Core	0.00	C	a	20,837,332	20,837,332	0.00	0	0	20,837,332	20,837,337	
Total	0.00	c	c	20,837,332	20,837,332	0.00	0	o	20,837,332	20,837,332	
Managed Care											
Core	0.00	404,941,912	1,257,976,949	253,057,203	1,915,976,064	0.00	386,948,777	1,249,503,542	249,387,220	1,885,839,639	
NDI - MCO GR Pickup	0.00	44,862,793	0	C	44,862,793	0.00	44,862,793	0	0	44,862,793	
NDI - MCO Actuarial	0.00	12,944,188	23,273,461	a	36,217,649	0.00	12,380,514	23,198,743	o	35,579,257	
NDI - MCO Hith Insurer Fee	0.00	21,698,626	39,013,813	σ	60,712,439	0.00	21,698,626	39,013,813	O	60,712,435	
NDI - MCO Withhold Release	0.00	12,423,628	22,337,502	a	34,761,130	0.00	11,495,060	21,539,568	O	33,034,628	
NDI-FMAP adjustment	0.00	c	0	0	0	0.00	0	23,393,776	C	23,393,776	
NDI - Medicare Parity Maternal CTC	0.00	C	0	0	0	0.00	1,460,422	2,736,556	C	4,196,978	
Total	0.00	495,871,147	1,342,601,725	253,057,203	2,092,530,075	0.00	478,846,192	1,359,386,098	249,387,220	2,087,619,510	
FFS Claims Runout											
Core	0.00	C	0	. 0	0	0.00	C	C	O	ć	
Tatal	0.00	c	ol	ol	o	0.00	c	d	o		
	0.00		٠,		- 0	0.00					
Hospital Care	12/12/20										
Core	0.00	30,739,410	341,161,905	128,702,369	500,603,684	0.00	26,743,694	344,199,142	128,702,369	499,645,205	
NDI - Year 1 Asset Limits	0.00	475,956	6,742,987	3,274,345	10,493,288	0.00	192,133	2,836,781	1,321,777	4,350,691	
NDI - Year 2 Asset Limits	0.00	165,508	2,554,693	1,233,820	3,954,021	0.00	122,225	1,804,622	840,850	2,767,697	
NDI - MHD Cost to Continue	0.00	45,311,577	90,401,911	53,546,430	189,259,918	0.00	8,151,584	49,141,449	57,216,413	114,509,446	
NDI- FMAF adjustment							0	544,657	0	544,657	
Tatal	0.00	76,692,451	440,861,496	186,756,964	704,310,911	0.00	35,209,636	398,526,651	188,081,409	621,817,696	
Physician Payments for Safety Net											
Core	0.00	a	13,722,792	0	13,722,792	0.00	٥	13,722,792	0	13,722,792	
NDI - MHD Cost to Continue						0.00		1,632,113	0	1,632,113	
Tatai	0.00	a	13,722,792	0	13,722,792	C.00	0	15,354,905	0	15,354,905	
FQHC Distribution						190					
Core	0.00	6,165,350	6,203,372	0	12,368,722	0.00	6,075,017	6,203,372	0	12,278,389	
NDI-FMAP adjustment						0.00	0	52,698	0	52,698	
NDI-Health Home Expansion						0.00	273,282	491,358	0	764,640	
Total	0.00	6,165,350	6,203,372	0	12,368,722	0.00	6,348,299	6,747,428	0	13,095,727	
FRA Health Care Home											
Core	0.00	٥	5,208,568	2,896,598	8,105,166	0.00	0	5,208,568	2,820,355	8,028,923	
NDI- FMAF adjustment	Resident.	-7.	2,220,200	2,030,330	3,103,100	0.00	a	76,243	0	76,243	
NDI-Health Home Expansion						0.00	0	2,270,072	1,262,564	3,532,636	
Total	0.00	0	5,208,568	2,896,598	8,105,166	0.00	ŏ	7,554,883	4,082,919	11,637,802	
Federal Reimbursement Allowance E											
Core	0.00	٥	0	1,280,818,734	1,280,818,734	0.00	0	0	1,280,818,734	1,280,818,734	
NDI - MHD Cost to Continue	0.00	0	0	114,528,895	114,528,895	0.00	0	0	89,308,321	89,308,321	
Total	0.00	o	o	1,395,347,629	1,395,347,629	0.00	ō	o	1,370,127,055	1,370,127,055	
GT Transfer											
Core	0.00	0	0	96,885,215	96,885,215	0.00	0	0	96,885,215	96,885,215	

	000		9 DEPARTMENT REQUI		2019 Governor's Recommendation					
Decision Item Name	FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
GT Safety Net Hospitals						7				
Core	0.00	0	41,182,649	23,348,801	64,531,450	0.00	0	41,182,649	23,348,801	64,531,45
Total .	0.00	0	41,182,649	23,348,801	64,531,450	0.00	0	41,182,649	23,348,801	64,531,450
IGT DMH Medicaid Programs										
Core	0.00	0	277,048,873	147,977,007	425,025,880	0.00	0	277,048,873	147,977,007	425,025,886
NDI - IGT DMH Authority	0.00	0	6,001,381	9,449,325	15,450,706	0.00	0	223,028,773	32,592,341	255,621,114
Total	0.00	o	283,050,254	157,426,332	440,476,586	0.00	o	500,077,646	180,569,348	680,646,994
CHIP										
Core	0.00	11,939,043	60,780,571	7,719,204	80,438,818	0.00	11,362,448	60,780,571	7,719,204	79,862,223
NDI - MHD GR Pickup	0.00	567,663	0	0	567,663	0.00	567,663	0,760,371		
NDI - Pharmacy PMPM - Speciality	0.00		7	0				1 <u>7</u> 2	0	567,663
x() : [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		201,521	604,380	200	806,001	0.00	194,712	604,696	o	799,408
NDI - Pharmacy PMPM-Non- Speciality	0.00	23,691	71,015	۵	94,706	0.00	.0	0	0	C
NDI - Mgd Care Actuarial	0.00	247,223	741,078	0	988,301	0.00	240,578	747,137	٥	987,715
NDI - MCO Hith Insurer Fee	0.00	403,088	1,208,299	٥	1,611,387	0.00	403,088	1,208,299	a	1,611,387
NDI - MCC Withhold Release	0.00	183,091	548,835	0	731,926	0.00	161,772	502,400	0	664,172
NDI- FMAP adjustment		Taxanan da a sanah				0.00	0	576,595	0	576,595
Total	0.00	13,565,420	63,954,178	7,719,204	85,238,802	0.00	12,930,261	64,419,698	7,719,204	85,069,163
Show Me Bables										
Core	0.00	3,481,649	10,396,644	0	13,878,293	0.00	3,282,970	10,396,644	a	13,679,614
NDI - Cost to Continue	0.00	3,653,700	10,943,412	٥	14,597,112	0.00	3,616,454	10,789,388	0	14,405,842
NDI - Mgd Care Actuarial Rate Inc	0.00	193,575	580,262	0	773,837	0.00	168,747	524,058	0	692,805
NDI - MCO Hith Insurer Fee		201,832	605,011	0	806,843	0.00	201,832	605,011	0	806,843
NDI - MCO Withhold Release	0.00	91,546	274,417	0	365,963	0.00	78,450	243,636	0	322,086
NDI- FMAP adjustment		-594#######	5159675616		8389514776476	0.00		198,679	o	158,679
Tatai	0.00	7,622,302	22,799,746	o	30,422,048	0.00	7,348,453	22,757,416	0	30,105,869
GR FRA Transfer										
Core	0.00	653,701,378	0	0	653,701,378	0.00	653,701,378	0	0	653,701,378
Total	0.00	653,701,378	ol	o	653,701,378	0.00	653,701,378	ol	0	653,701,378
	0.00	633,701,376	- 4	301	055,701,570	L.bu j	0.23,702,270	- 4	- M	633,701,376
FRA Transfer Core		1000					7 <u>8</u> 5	112/		
Total	0.00	0	0	653,701,378	653,701,378	0.00	0	0	653,701,378	653,701,378
/cta/	0.00	0	0	653,701,378	653,701,378	0.00	0	О	653,701,378	653,701,378
GR NFRA Transfer										
Core	C.00	210,950,510	0	0	210,950,510	0.00	210,950,510	С	C	210,950,510
Total	0.00	210,950,510	0	0	210,950,510	0.00	210,950,510	c	c	210,950,510
Nursing Facility Reimbursment Transfer										
Core	0.00	0	0	210,950,510	210,950,510	0.00	0	C	210,950,510	210,950,510
Total	0.00	0	0	210,950,510	210,950,510	0.00	o	c	210,950,510	210,950,510
Nursing Facility Quality Transfer										
Core	0.00	0	0	1,500,000	1,500,000	0.00	0	c	1,500,000	1,500,000
Total	0.00	o	o	1,500,000	1,500,000	0.00	0	0	1,500,000	1,500,000
					(//				3,000,000,000,000	attended State
Nursing Facility FRA Core	2.00	120	2794				ribar.	-		
	0.00	0	0	351,448,765	351,448,765	0.00	0	٥	351,448,765	351,448,765
NDI - MHD Cost to Continue	0.00	0	0	9,506,238	9,506,238	0.00	0	ū	6,859,814	6,859,814
Tatal	0.00	.0	C	360,955,003	360,955,003	0.00	0	0	358,308,579	358,308,579

		20:	19 DEPARTMENT REQUI	EST	2019 Governor's Recommendation					
Decision Item Name	FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
School District Medicald Claiming										
Core	0.00	242,525	34,653,770	0	34,896,295	0.00	242,525	34,653,770	0	34,896,295
Total	0.00	242,525	34,653,770	٥	34,896,295	0.00	242,525	34,653,770	0	34,896,295
Blind Pension Medical Benefits										
Core	0.00	26,672,798	C	O	26,672,798	0.00	24,655,738	٥	0	24,655,738
NDI - MHD Cost to Continue	0.00	208,635	a	0	208,635	0.00	0	0	0	0
NDI - Pharmacy PMPM - Speciality	0.00	250,493	a	٥	250,493	0.00	248,444	0	0	248,444
NDI - Pharmacy PMPM-Non - Speciality	0.00	29,433	C	٥	29,433	0.00	0	0	٥	0
Tota!	0.00	27,161,359	C	D	27,161,359	0.00	24,904,182	0	0	24,904,182
DSS Legal Expense Fund TRF										
Core	0.00	0	C	0	0	0.00	0	0	0	0
Total	0.00	o	d	0	0	0.00	o	o	a	0
	H .		E SECO POMPLICA	PROFFES NOVEMBER	Courtes Constant	entertary			are storage and a storage of	
MHD Care Total	225.70	1,287,993,108	3,795,238,660	2,636,159,415	7,719,391,183	225,70	1,223,581,365	3,765,469,133	2,630,649,838	7,619,700,336
MHC NDI Total	0.00	274,523,991	326,347,684	187,135,422	788,007,097	8,00	222,757,188	320,063,041	159,903,458	702,723,687
MHD Non Count Total:	0.00	924,226,331	283,050,254	1,180,037,878	2,387,314,463	0.00	924,226,331	500,077,646	1,203,180,894	2,627,484,871
Total MHD	225.70	2,486,743,430	4,404,636,598	4,003,332,715	10,894,712,743	233.70	2,370,564,884	4,585,609,820	3,993,734,190	10,949,908,894



#### NEW DECISION ITEM RANK: 6 OF 22

Department: Social Services

CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Budget Unit: 90544C, 90546C, 90547C, 90549C, 90550C, 90561C, 90577C

- oparamona									,,		
Division: M	O HealthNet					90552C, 90553C, 88855C, 90567C, 90573C					
DI Name: M	O HealthNet Cos	t to Continue		DI# 1886001	HB Section:	11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.510, 11.530,					
						11.560, 11.590,					
1. AMOUNT	OF REQUEST										
II PHILOCIAL	J. 11243231	FY 2019 Bud	net Request			FY	019 Governor's	Recommendat	ion		
	GR	Federal	Other	Total	E	GR	Federal	Other	Total		
PS	O.C	1 odorai	Otilio.	Total	PS		, caciai	Other	rotar		
EE					EE						
PSD	124,965,148	149,555,180	177,581,563	452,101,891	PSD	81,771,921	107,037,262	153,384,548	342,193,731		
TRF	12 1,000,110	110,000,100	111,001,000	102,101,001	TRF	9111111961	101,001,202	100,001,010	012,100,101		
Total	124,965,148	149,555,180	177,581,563	452,101,891	Total	81,771,921	107,037,262	153,384,548	342,193,731		
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00		
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0		
Note: Fringe.	s budgeted in Hou DOT, Highway Pa		STATE OF THE PROPERTY OF THE PARTY OF THE PARTY.	budgeted		s budgeted in Hou DOT, Highway Pa			budgeted		
Other Funds:					Other Funds:						
	y Reimbursement A	llowance Fund (01	96) - \$9 506 238			y Reimbursement A	llowance Fund (01	96) - \$6,859,814			
	bursement Allowa					oursement Allowanc					
						nent request is di					
2. THIS REQ	UEST CAN BE C	ATEGORIZED A	S:								
	New Legislation				New Program		1	Fund Switch			
	Federal Mandate	3			Program Expansi	on _	X	Cost to Continue			
	GR Pick-Up		3.		Space Request	-		Equipment Repla	cement		
	Pay Plan		3.=		Other:						

Funds are requested for estimated costs in the FY 2018 supplemental budget. These amounts are based on actual MO HealthNet program expenditures through November 2017 and historical trends, it is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2019. Programs with estimated shortfalls include Physicians, Dental, Nursing Facilities, Nursing Facilities Reimbursement Allowance, Hospital Federal Reimbursement Allowance, Show-Me Healthy Babies, Rehabilitation and Specialty Services, Non-Emergency Medical Transportation (NEMT), and Hospital.

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR

NEW	DECISI	ON	ITEM
MEAA	DECIS	UN	LICINI

22

Department: Social Services	Budget Unit 90544C, 90546C, 90547C, 90549C, 90550C, 90561C, 90577C,

Division: MO HealthNet 90552C, 90553C, 88855C, 90567C, 90573C

DI Name: MO HealthNet Cost to Continue DI# 1886001

RANK.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MHD performed detailed projections of funding for all core programs. Based on actual expenditures through November 2017 and historical trends, additional funding is needed in FY 2018. The below table outlines the need to continue the FY 2018 supplemental by program area in FY 2019:

#### Department Request

HB	Program	GR	Federal	Other	Total
11.455	PHYSICIAN	\$57,667,549	\$41,472,809		\$99,140,358
11.460	DENTAL	\$643,104	\$634,126		\$1,277,230
11.465	PREMIUM PAYMENTS	\$3,980,393	\$2,296,680		\$6,277,073
11.470	NURSING FACILITIES	\$7,072,488			\$7,072,488
11.480	REHAB & SPECIALTY	\$6,056,600	\$3,750,548		\$9,807,148
11.480	NEMT	\$316,687			\$316,687
11.490	COMPLEX REHAB TEC	\$54,415	\$55,694		\$110,109
11.510	HOSPITAL	\$45,311,577	\$90,401,911	\$53,546,430	\$189,259,918
11.515	PHYSICIAN SAFE NET				
11.530	HOSPITAL FRA			\$114,528,895	\$114,528,895
11.560	SMHB	\$3,653,700	\$10,943,412		\$14,597,112
11.590	NFRA			\$9,506,238	\$9,506,238
11.600	BLIND MEDICAL	\$208,635			\$208,635
	Cost to Continue Total	\$124,965,148	\$149,555,180	\$177,581,563	\$452,101,891

#### Governor's Recommendation

Total	Other	Federal	GR
\$90,329,220		\$36,383,192	\$53,946,028
\$1,270,215		\$484,339	\$785,876
\$0		\$0	\$0
\$4,816,334			\$4,816,334
\$18,838,090		\$8,606,781	\$10,231,309
\$224,336			\$224,336
\$0			
\$114,509,446	\$57,216,413	\$49,141,449	\$8,151,584
\$1,632,113		\$1,632,113	
\$89,308,321	\$89,308,321		
\$14,405,842		\$10,789,388	\$3,616,454
\$6,859,814	\$6,859,814		
\$0			
\$342,193,731	\$153,384,548	\$107,037,262	\$81,771,921

The difference between the Governor recommended amount and the department request is due to more recent projections.

#### **NEW DECISION ITEM**

RANK: 22

Department: Social Services
Division: MO HealthNet

Budget Unit 90544C, 90546C, 90547C, 90549C, 90550C, 90561C, 90577C, 90552C, 90553C, 88855C, 90567C, 90573C

DI Name: MO HealthNet Cost to Continue DI# 1886001

	Dept Req GR	Dept Req GR	Dept Req FED	Dept Req FED	Dept Req OTHER	Dept Req OTHER	Dept Req TOTAL	Dept Req TOTAL	Dept Req One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
							0	0.0		
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	(	0
Total EE		=	0	12	0	2 92 <u>-</u>	0	V=	(	0
Program Distributions	124,965,148		149,555,180		177,581,563		452,101,891			
Total PSD	124,965,148	1.	149,555,180		177,581,563	5	452,101,891	10		Ō
Grand Total	124,965,148	0.0	149,555,180	0.0	177,581,563	0.0	452,101,891	0.0	J	0
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS	E
	D022/11(0						0	0.0		_
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	(	0
Total EE	0		0	•	0	ie -	0	-	ĺ	_ D
Program Distributions	81,771,921		107,037,262		153,384,548	§ <del>-</del>	342,193,731	-		-
Total PSD	81,771,921		107,037,262	240	153,384,548		342,193,731			0
Grand Total	81,771,921	0.0	107,037,262	0.0	153,384,548	0.0	342,193,731	0.0		0

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	RANK: 6		- 22
Department: Social Services		<b>Budget Unit</b>	90544C, 90546C, 90547C, 90549C, 90550C, 90561C, 90577C,
Division: MO HealthNet			90552C, 90553C, 88855C, 90567C, 90573C
DI Name: MO HealthNet Cost to Continue	DI# 1886001		
6a. Provide an effectiveness measure.	on Item has an associated co		entify projected performance with & without additional funding.) an efficiency measure.
Since this decision item is a combined request fo several programs, measures are found in the indi	The first program of the second of the secon		cision item is a combined request for the increase in authority of several easures are found in the individual program descriptions.
6c. Provide the number of clients/individuals	served, if applicable.	6d. Provide	a customer satisfaction measure, if available.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

N/A

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
PHYSICIAN RELATED PROF								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	99,140,358	0.00	90,329,220	0.00
TOTAL - PD	0	0.00	0	0.00	99,140,358	0.00	90,329,220	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$99,140,358	0.00	\$90,329,220	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$57,667,549	0.00	\$53,946,028	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$41,472,809	0.00	\$36,383,192	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,277,230	0.00	1,270,215	0.00
TOTAL - PD	0	0.00	0	0.00	1,277,230	0.00	1,270,215	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,277,230	0.00	\$1,270,215	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$643,104	0.00	\$785,876	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$634,126	0.00	\$484,339	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	6,277,073	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,277,073	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$6,277,073	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,980,393	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,296,680	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	7,072,488	0.00	4,816,334	0.00
TOTAL - PD	0	0.00	0	0.00	7,072,488	0.00	4,816,334	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,072,488	0.00	\$4,816,334	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$7,072,488	0.00	\$4,816,334	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,807,148	0.00	18,838,090	0.00
TOTAL - PD	0	0.00	0	0.00	9,807,148	0.00	18,838,090	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,807,148	0.00	\$18,838,090	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$6,056,600	0.00	\$10,231,309	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,750,548	0.00	\$8,606,781	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
NON-EMERGENCY TRANSPORT MHD COST TO CONTINUE - 1886001							-4	
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	316,687	0.00	224,336	0.00
TOTAL - PD	0	0.00	0	0.00	316,687	0.00	224,336	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$316,687	0.00	\$224,336	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$316,687	0.00	\$224,336	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit Decision Item	FY 2017 ACTUAL	FY 2017 ACTUAL	FY 2018 BUDGET	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLGY PROUCTS								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	110,109	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	110,109	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$110,109	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$54,415	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$55,694	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	189,259,918	0.00	114,509,446	0.00
TOTAL - PD	0	0.00	0	0.00	189,259,918	0.00	114,509,446	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$189,259,918	0.00	\$114,509,446	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$45,311,577	0.00	\$8,151,584	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$90,401,911	0.00	\$49,141,449	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$53,546,430	0.00	\$57,216,413	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN PAYMENTS SAFETY NET								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	1,632,113	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,632,113	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,632,113	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,632,113	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	<b>DEPT REQ</b>	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMB ALLOWANCE								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	114,528,895	0.00	89,308,321	0.00
TOTAL - PD	0	0.00	0	0.00	114,528,895	0.00	89,308,321	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$114,528,895	0.00	\$89,308,321	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$114,528,895	0.00	\$89,308,321	0.00

						270		
Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	14,597,112	0.00	14,405,842	0.00
TOTAL - PD	0	0.00	0	0.00	14,597,112	0.00	14,405,842	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$14,597,112	0.00	\$14,405,842	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,653,700	0.00	\$3,616,454	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,943,412	0.00	\$10,789,388	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
NURSING FACILITY FED REIMB AL MHD COST TO CONTINUE - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,506,238	0.00	6,859,814	0.00
TOTAL - PD	0	0.00	0	0.00	9,506,238	0.00	6,859,814	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,506,238	0.00	\$6,859,814	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$9,506,238	0.00	\$6,859,814	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
BLIND PENSION MEDICAL BENEFITS									
MHD COST TO CONTINUE - 1886001									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	208,635	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	208,635	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$208,635	0.00	\$0	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$208,635	0.00		0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00	

#### NEW DECISION ITEM

OF

22

RANK: 7

Social Services				Budget Unit	90541C, 90551C	C, 90556C						
	ickup		DI# 1886018	HB Section	11.435, 11.505,	11.555						
OF REQUEST												
FY 2019 Budget Request				T MARK	FY 2019 Governor's Recommendation							
GR	Federal	Other	Total E		GR	Federal	Other	Total	E			
10	*		- 10	PS EE					V.			
58,537,793	0	0	58,537,793	PSD	58,537,793	0	0	58,537,793				
58,537,793	0	0	58,537,793	Total	58,537,793	0	0	58,537,793	g 18			
0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00				
0	0	0	0	Est. Fringe	0	0	0	0	25 			
			s budgeted					es budgeted				
DOT, Highway Pat	trol, and Conser	vation.		directly to MoL	DOT, Highway Pa	atrol, and Consei	rvation.					
N/A				Other Funds:	N/A							
UEST CAN BE CA	TEGORIZED A	S:										
New Legislation		S-5	1	New Program		F	und Switch					
Federal Mandate		l/so-			n _	c	ost to Continue					
GR Pick-Up				Space Request	_	E	quipment Repla	cement				
Pay Plan				Other:					AT I			
	O HealthNet O HealthNet GR P OF REQUEST  GR  58,537,793  58,537,793  0.00  s budgeted in House DOT, Highway Pair N/A  UEST CAN BE CA  New Legislation Federal Mandate GR Pick-Up	D HealthNet D HealthNet GR Pickup  OF REQUEST  FY 2019 Budg  GR Federal  58,537,793 0  58,537,793 0  0.00 0.00  0 0 0  s budgeted in House Bill 5 except for DOT, Highway Patrol, and Conserved N/A  UEST CAN BE CATEGORIZED A  New Legislation Federal Mandate GR Pick-Up	O HealthNet GR Pickup  OF REQUEST  FY 2019 Budget Request  GR Federal Other  58,537,793 0 0  58,537,793 0 0  0.00 0.00 0.00  0 0 0 0  s budgeted in House Bill 5 except for certain fringe DOT, Highway Patrol, and Conservation.  N/A  UEST CAN BE CATEGORIZED AS:  New Legislation Federal Mandate GR Pick-Up	D   HealthNet   D   HealthNet   GR   Pickup   DI# 1886018	D   HealthNet   D   HealthNet GR Pickup   FY 2019 Budget Request   FY 2019 Budget Request	Discription   Discription	Discription   Discription	Different   Diff	Discription   Discription			

One-time fund sources were budgeted in MO HealthNet in FY 2018. One-time cash sources include enhanced earnings from the Children's Health Insurance Premium (CHIP) Federal Medical Assistance Percentage (FMAP), Healthy Families Trust Fund, Life Sciences Research Trust Fund, and Premium Fund.

CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR

**NEW DECISION ITEM** 

RANK:	7	OF	22	
				_

Department: Social Services Budget Unit 90541C, 90551C, 90556C

Division: MO HealthNet

DI Name: MO HealthNet GR Pickup DI# 1886018

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

One-time fund sources were budgeted in MO HealthNet in FY 2018. This includes enhanced earnings from the Children's Health Insurance Premium (CHIP) Federal Medical Assistance Percentage (FMAP) and cash from Healthy Families Trust Fund (HFTF), Life Sciences Research Trust Fund (LSRTF), and Premium Fund.

The HFTF, LSRTF, and Premium Fund had one-time cash balances that were appropriated in lieu of General Revenue in the FY 2018 budget that cannot be fully supported with cash in FY 2019.

НВ	Program	CHIP Cash (Fed)	HFTF	LSRTF	Premium	TOTAL
11.435	Pharmacy	\$13,107,337				\$13,107,337
11.505	Managed Care	\$10,000,000	\$25,474,964	\$7,931,272	\$1,456,557	\$44,862,793
11.555	CHIP	\$567,663				\$567,663
	TOTAL	\$23,675,000	\$25,474,964	\$7,931,272	\$1,456,557	\$58,537,793

Budest Object Object Object	Dept Req GR	Dept Req GR	Dept Req FED	Dept Req FED	OTHER	Dept Req OTHER	TOTAL	Dept Req TOTAL	Dept Req One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	ı
Program Distributions	58,537,793						58,537,793			
Total PSD	58,537,793		0		0		58,537,793		0	
Grand Total	58,537,793	0.0	0	0.0	0	0.0	58,537,793	0.0	0	
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec TOTAL	Gov Rec	Gov Rec One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	58,537,793						58,537,793			
Total PSD	58,537,793		0		0		58,537,793		0	
Grand Total	58,537,793	0.0	0	0.0	0	0.0	58,537,793	0.0	0	

**NEW DECISION ITEM** RANK: OF 22 **Department: Social Services** Budget Unit 90541C, 90551C, 90556C Division: MO HealthNet DI Name: MO HealthNet GR Pickup DI# 1886018 6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.) 6a. Provide an effectiveness measure. 6b. Provide an efficiency measure. Since this decision item is a combined request for the increase in authority of several Since this decision item is a combined request for the increase in authority of programs, measures are found in the individual program descriptions. several programs, measures are found in the individual program descriptions. 6d. Provide a customer satisfaction measure, if available. 6c. Provide the number of clients/individuals served, if applicable. Since this decision item is a combined request for the increase in authority of several. Since this decision item is a combined request for the increase in authority of programs, measures are found in the individual program descriptions. several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
FTE	DOLLAR	FTE
0.00	13,107,337	0.00
0.00	13,107,337	0.00
0.00	\$13,107,337	0.00
0.00	\$13,107,337	0.00
0.00	\$0	0.00
0.00	\$0	0.00
	0.00 0.00 0.00 0.00	0.00 13,107,337 0.00 \$13,107,337 0.00 \$13,107,337 0.00 \$0

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
MO HEALTHNET GR PICKUP - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	44,862,793	0.00	44,862,793	0.00
TOTAL - PD	0	0.00	0	0.00	44,862,793	0.00	44,862,793	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$44,862,793	0.00	\$44,862,793	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$44,862,793	0.00	\$44,862,793	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
MO HEALTHNET GR PICKUP - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	567,663	0.00	567,663	0.00
TOTAL - PD	0	0.00	0	0.00	567,663	0.00	567,663	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$567,663	0.00	\$567,663	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$567,663	0.00	\$567,663	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	. \$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

22

OF

RANK: 4

	Social Services				Budget Unit	90541C, 90538C		Charles and Paragraph and Advanced and Company of the Company of t	564C,
Division: MC	A LOUIS DE DAGE (BOUR SE A CARLES DE LA CARL	EV/10 0 11				90550C, 90561C			
DI Name: As	set Limit Increas	se FY18 Cost to	Cont.	DI# 0000016	HB Section:	11.435, 11.455, 1 11.605	1.460, 11.465, 1	1.470, 11.485, 1	11.490, 11.510,
1. AMOUNT	OF REQUEST								
		FY 2019 Budg	et Request			FY 20	19 Governor's	Recommendat	ion
	GR	Federal	Other	Total E		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD	4,841,256	19,428,680	6,031,212	30,301,148	PSD	1,955,034	8,173,665	2,434,661	12,563,360
TRF					TRF				
Total	4,841,256	19,428,680	6,031,212	30,301,148	Total	1,955,034	8,173,665	2,434,661	12,563,360
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0 1	0	0	0
Note: Fringes	budgeted in Hou	se Bill 5 except f	or certain fringe	es budgeted		budgeted in Hous	e Bill 5 except fo	r certain fringes	budgeted
	OT, Highway Pa				directly to Mot	DOT, Highway Pati	rol, and Conserv	ation.	
Other Funds:					Other Funds:				
	tes Fund (0114) -					ates Fund (0114) - \$4			
	ility Fund (0120) -					oility Fund (0120) - \$5			
	rsement Allowance					ursement Allowance			
	bursement Allowar					nbursement Allowand		508,601	
	nbursement Fund				Ambulance Rei	mbursement Fund (0	958) - \$71,579		
	EST CAN BE CA	ATEGORIZED A	S:					10 11	
	New Legislation		_		lew Program	_		und Switch	
	Federal Mandate	•	-		rogram Expansio			ost to Continue	
	GR Pick-Up Pay Plan		-		pace Request other:	1		quipment Repla	cement
-		EDEDS BBOY	DE AN EVRI AL			IN #2. INCLUDE	THE EEDERAL A	OD STATE STA	TUTORYOR
	NAL AUTHORI				EINIS CHECKED	IN #2. INCLUDE	INC FEDERAL	JR SIAIE SIA	I U I UK I UK
					11.201 6 6	Il Medicaid benefits	0.00	D 4505 (0045)	The same of the same of

the MO HealthNet asset limits for MO HealthNet permanent and totally disabled claimants, MO HealthNet blind claimants, and MO HealthNet aged claimants from \$1,000 to \$2,000 for individuals and \$2,000 to \$4,000 for married couples starting in SFY18. Participants eligible under the SFY18 Asset Limit increase were assumed to be phased in over the SFY18. This request is for the cost to continue services for SFY19 at an annual level for those participants enrolled in SFY18.

		NEW DECISIO	NITEM		
	RANK:	4	OF_	22	_
Department: Social Services			Ē	udget U	ni 90541C, 90538C, 90544C, 90546C, 90547C, 90564C,
Division: MO HealthNet					90550C, 90561C, 90577C, 90552C
DI Name: Asset Limit Increase FY18 Cost to Cont.	DI#	0000016			

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division (MHD) estimates a fiscal impact because of changes to the resource limits for blind, elderly, and disabled persons. Higher cost will result from one group of Medicaid eligibles who currently receive limited medical benefits but will receive full Medicaid benefits under this legislation. New eligibles are also expected to enter the Medicaid program because of the change in eligibility rules.

Based on SFY 18 actual enrollment, MHD estimates 2,865 new cases in SFY 18:

- 1) 2,033 new cases (374 rejections + 1 closing + 1,658 unknown population)
- 2) 358 Qualified Medicare Beneficiary (QMB) and 473 Specified Low-Income Medicare Beneficiary (SLMB)

1	SFY18	July Actual	August Actual	September Actual	October Actual	November Projected			Febuary Projected	March Projected	April Projected	May Projected	June Projected	SFY18 Total
Ī	Participants	160	226	228	251	250	250	250	250	250	250	250	250	2,865

An annual cost per person was calculated for persons with disabilities and seniors using SFY 15 expenditures. Using the annual cost per person, a total cost of \$41,578,577 and \$2,824,133 was calculated for persons with disabilities and seniors respectively for a total cost of \$44,402,710. With the 358 QMB and 473 SLMB eligibles receiving full benefits, the total cost is reduced by the current premium payments for these eligibles (\$3,140,700) for a total cost of \$41,262,010. This bill raised the MO HealthNet asset limits for MO HealthNet claimants from \$1,000 to \$2,000 for individuals and \$2,000 for married couples in SFY18. Resource limits shall be increased annually by \$1,000 and \$2,000 respectively until the sum of resources reach the amount of \$5,000 and \$10,000 respectively by SFY21. Participants eligible under the SFY18 Asset Limit increase were assumed to be phased in over the SFY18. This request is for the cost to continue services for SFY19 at an annual level for those participants enrolled in SFY18.

	FY18 Dept	Req Cost to	Continue into	FY19		FY18 Go	v Rec Cost	to Continue	into FY19
HB	Program	GR	Fed	Other*	Total	GR	Fed	Other*	Total
11.435		\$ 935,369	\$ 6,069,272	\$2,440,228	\$ 9,444,869	\$ 377,587	\$2,553,349	\$ 985,064	\$ 3,916,000
11.436	MORx	\$ 66,662	\$ -	\$ -	\$ 66,662	\$ 27,639	\$ -	\$ -	\$ 27,639
11.455	Physician	\$ 1,639,987	\$ 3,199,170	\$ 139,321	\$ 4,978,478	\$ 662,025	\$1,345,894	\$ 56,241	\$ 2,064,160
11.460	Dental	\$ 20,576	\$ 36,996	\$ -	\$ 57,572	\$ 8,306	\$ 15,564	\$ -	\$ 23,870
11.465	Premium	\$ 872,868	\$ 1,569,404	\$ -	\$ 2,442,272	\$ 352,357	\$ 660,250	\$ -	\$ 1,012,607
11.470	Home Health	\$ 22,742	\$ 40,890	\$ -	\$ 63,632	\$ 9,181	\$ 17,203	\$ -	\$ 26,383
11.480	Rehab	\$ 612,162	\$ 1,419,474	\$ 177,318	\$ 2,208,954	\$ 247,116	\$ 597,174	\$ 71,579	\$ 915,869
11.480	NEMT	\$ 157.030	\$ 282,337	\$ -	\$ 439,367	\$ 63,389	\$ 118,779	\$ -	\$ 182,169
11.490	Complex Rehab	\$ 37,904	\$ 68,150	\$ -	\$ 106,054	\$ 15,301	\$ 28,671	\$ -	\$ 43,972
11.510	Hospital	\$ 475,956	\$ 6,742,987	\$3,274,345	\$10,493,288	\$ 192,133	\$2,836,781	\$1,321,777	\$ 4,350,691
МН	ID Total	\$ 4,841,256	\$19,428,680	\$6,031,212	\$30,301,148	\$1,955,034	\$8,173,665	\$2,434,661	\$12,563,360

\*Other funds include Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund, Pharmacy Rebates Fund, Ambulance Reimbursement Fund and Third Party Liability Fund.

			NEW DEC	SION ITEM						
		RANK:		OF	22	i				
Department: Social Services					Budget Uni	90541C, 9053	8C, 90544C, 9	90546C, 9054	7C, 90564C,	
Division: MO HealthNet						90550C, 9056	31C, 90577C, 9	90552C		
DI Name: Asset Limit Increase FY	18 Cost to Cont.	9	DI# 0000016							
5. BREAK DOWN THE REQUEST I	BY BUDGET OB.	JECT CLASS,	JOB CLASS,	AND FUND S	OURCE. IDE	ENTIFY ONE-1	IME COSTS.			
	Dept Req GR	Dept Req GR	Dept Req FED	Dept Req FED	Dept Req OTHER	Dept Req OTHER	Dept Req TOTAL	Dept Req TOTAL	Dept Req One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	4,841,256		19,428,680		6,031,212		30,301,148			0
Total PSD	4,841,256		19,428,680		6,031,212		30,301,148		59 88	0
Grand Total	4,841,256	0.0	19,428,680	0.0	6,031,212	0.0	30,301,148	0.0	2 2	0
	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec		Gov Rec	Gov Rec	Gov Rec	
	GR	GR	FED	FED	OTHER	Gov Rec	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	OTHER FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	1,955,034		8,173,665		2,434,661		12,563,360			0
Total PSD	1,955,034		8,173,665		2,434,661		12,563,360	je		0
Grand Total	1,955,034	0.0	8,173,665	0.0	2,434,661	0.0	12,563,360	0.0		0

B 1 P-1 A /	DEGIGION	1-1-1- N. S.
NEW	DECISION	TIEN

	RANK:4	_ 0	=
Departme	ent: Social Services	Budget Unit	90541C, 90538C, 90544C, 90546C, 90547C, 90564C,
	MO HealthNet	3	90550C, 90561C, 90577C, 90552C
DI Name:	Asset Limit Increase FY18 Cost to Cont. DI# 0000016		·
6. PERFC	DRMANCE MEASURES (If new decision item has an associated core,	separately iden	tify projected performance with & without additional funding.)
6a.	Provide an effectiveness measure.	6b.	Provide an efficiency measure.
of se	e this decision item is a combined request for the increase in authority everal programs, measures are incorporated in the individual program criptions.	auth	ce this decision item is a combined request for the increase in nority of several programs, measures are incorporated in the vidual program descriptions.
6c.	Provide the number of clients/individuals served, if applicable.	6d.	Provide a customer satisfaction measure, if available.
of s	ce this decision item is a combined request for the increase in authority several programs, measures are incorporated in the individual program scriptions.	auth	ce this decision item is a combined request for the increase in nority of several programs, measures are incorporated in the vidual program descriptions.
7. STRAT	EGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS	9.	
	EGIES TO ACTIEVE THE PERI ORMANGE MEASUREMENT TARGET	J	
N/A			

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,444,869	0.00	3,916,000	0.00
TOTAL - PD	0	0.00	0	0.00	9,444,869	0.00	3,916,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,444,869	0.00	\$3,916,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$935,369	0.00	\$377,587	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,069,272	0.00	\$2,553,349	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$2,440,228	0.00	\$985,064	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
MISSOURI RX PLAN	DOLLAR	FIE	DOLLAR	FILE	DOLLAR	FILE	DOLLAR	FIE
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	66,662	0.00	27,639	0.00
TOTAL - PD	0	0.00	0	0.00	66,662	0.00	27,639	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$66,662	0.00	\$27,639	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$66,662	0.00	\$27,639	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN RELATED PROF								
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,978,478	0.00	2,064,160	0.00
TOTAL - PD	0	0.00	.0	0.00	4,978,478	0.00	2,064,160	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,978,478	0.00	\$2,064,160	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,639,987	0.00	\$662,025	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,199,170	0.00	\$1,345,894	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$139,321	0.00	\$56,241	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
DENTAL				31.757				
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	57,572	0.00	23,870	0.00
TOTAL - PD	0	0.00	0	0.00	57,572	0.00	23,870	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$57,572	0.00	\$23,870	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$20,576	0.00	\$8,306	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$36,996	0.00	\$15,564	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
PREMIUM PAYMENTS	DOLLAR	FIE	DOLLAR	FIE	DOLLAR	FIE .	DOLLAR	FIE
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,442,272	0.00	1,012,607	0.00
TOTAL - PD	0	0.00	0	0.00	2,442,272	0.00	1,012,607	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,442,272	0.00	\$1,012,607	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$872,868	0.00	\$352,357	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,569,404	0.00	\$660,250	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
HOME HEALTH									
Year 1 Asset Limit CTC - 0000016									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	63,632	0.00	26,384	0.00	
TOTAL - PD	0	0.00	0	0.00	63,632	0.00	26,384	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$63,632	0.00	\$26,384	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$22,742	0.00	\$9,181	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$40,890	0.00	\$17,203	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
REHAB AND SPECIALTY SERVICES									
Year 1 Asset Limit CTC - 0000016									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,208,954	0.00	915,869	0.00	
TOTAL - PD	0	0.00	0	0.00	2,208,954	0.00	915,869	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,208,954	0.00	\$915,869	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$612,162	0.00	\$247,116	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,419,474	0.00	\$597,174	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$177,318	0.00	\$71,579	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
NON-EMERGENCY TRANSPORT									
Year 1 Asset Limit CTC - 0000016									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	439,367	0.00	182,168	0.00	
TOTAL - PD	0	0.00	0	0.00	439,367	0.00	182,168	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$439,367	0.00	\$182,168	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$157,030	0.00	\$63,389	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$282,337	0.00	\$118,779	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLGY PRDUCTS								
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	106,054	0.00	43,972	0.00
TOTAL - PD	O	0.00	0	0.00	106,054	0.00	43,972	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$106,054	0.00	\$43,972	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$37,904	0.00	\$15,301	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$68,150	0.00	\$28,671	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Year 1 Asset Limit CTC - 0000016								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,493,288	0.00	4,350,691	0.00
TOTAL - PD	0	0.00	0	0.00	10,493,288	0.00	4,350,691	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,493,288	0.00	\$4,350,691	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$475,956	0.00	\$192,133	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,742,987	0.00	\$2,836,781	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$3,274,345	0.00	\$1,321,777	0.00

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RANK: 4

	Social Services					90541C, 90538C		SC, 90547C, 905	64C, 90550C,
Division: MC					The second secon	90561C, 90577C			
DI Name: As	set Limit Increas	e FY19 Phase I	n [	0000017		11.435, 11.455, 1	1.460, 11.465, 1	1.470, 11.485, 1	1.490, 11.510,
						11.605			
1. AMOUNT	OF REQUEST								
		FY 2019 Budg	et Request			FY 20	19 Governor's	Recommendati	on
Ì	GR	Federal	Other	Total E		GR	Federal	Other	Total E
PS	,				PS				
EE					EE				
PSD	1,810,417	7,334,845	2,272,647	11,417,909	PSD	1,243,696	5,199,688	1,548,813	7,992,197
TRF					TRF				
Total	1,810,417	7,334,845	2,272,647	11,417,909	Total	1,243,696	5,199,688	1,548,813	7,992,197
FTE	0.00 0.00 0.00				FTE	0.00	0.00		
Est. Fringe	0 1	0	0	0	Est. Fringe	0.1	0	0	0
	budgeted in Hous					budgeted in Hou			
	DOT, Highway Pa			M M		DOT, Highway Pa			
Other Funds:					Other Funds:				
	ursement Allowance					ursement Allowance			
277	nbursement Allowar		\$474,756			nbursement Allowa		\$323,547	
	ates Fund (0114) - 9					ates Fund (0114) -			
	vice Reimbursemer		1 (0958) - \$66,816	3		vice Reimburseme		1 (0958) - \$45,535	i
Third Party Liab	oility Fund (0120) - 5	552,498			Third Party Liab	oility Fund (0120) -	\$35,778		
2. THIS REQU	JEST CAN BE CA	TEGORIZED A	S:						
	New Legislation				ew Program	-		und Switch	
	Federal Mandate		<u>s.</u>		rogram Expansio	n _		ost to Continue	
	GR Pick-Up		-	s	pace Request	_	E	quipment Repla	cement
	Pay Plan			0	ther:				

This request funds services for additional individuals and couples who will become eligible for full Medicaid benefits as a result of HB 1565 (2016). This legislation raised the MO HealthNet asset limits for MO HealthNet claimants from \$2,000 to \$3,000 for individuals and \$4,000 to \$6,000 for married couples starting in

SFY19, MHD estimates 992 new participants will be added in SFY19 due to this asset limit increase.

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RANK:	4	OF	22	
				_

Department: Social Services Budget Unit 90541C, 90538C, 90544C, 90546C, 90547C, 90564C,

Division: MO HealthNet 90550C, 90561C, 90577C, 90552C

DI Name: Asset Limit Increase FY19 Phase In DI# 0000017

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division (MHD) estimates a fiscal impact because of changes to the resource limits for blind, elderly, and disabled persons. Higher cost will result from one group of Medicaid eligibles who currently receive limited medical benefits but will receive full Medicaid benefits under this legislation. New eligibles are also expected to enter the Medicaid program because of the change in eligibility rules.

HB 1565 (2016) raised the MO HealthNet asset limits for MO HealthNet claimants from \$1,000 to \$2,000 for individuals and \$2,000 to \$4,000 for married couples in SFY18. Resource limits shall be increased annually by \$1,000 and \$2,000 respectively until the sum of resources reach the amount of \$5,000 and \$10,000 respectively by SFY21. This legislation raised the MO HealthNet asset limits for MO HealthNet claimants from \$2,000 to \$3,000 for individuals and \$4,000 to \$6,000 for married couples in SFY 2019. Based on SFY 18 actual enrollment, MHD estimates 992 new participants will be added in FY19 due to this asset limit increase.

1) 748 New Cases (97 rejections + 651 unknown population)

2) 110 Qua	lified Medic	al Beneficia	ry (QMB) ar	nd 134 Spe	cified Low-Ir	come Med	icare Benefi	ciary (SLMB)	eliaibles				
SFY19	July Projected	August Projected			November Projected			February Projected	March Projected	April Projected	May Projected	June Projected	SFY19 Projected Total
<b>Participants</b>	124	233	312	389	466	543	618	693	768	843	918	992	992

An annual cost per person was calculated for persons with disabilities and seniors using SFY 15 expenditures. Using the annual cost per person, a total cost of \$18,672,477 and \$1,362,222 was calculated for persons with disabilities and seniors respectively for a total cost of \$20,034,699. With the 110 QMB and 134 SLMB eligibles receiving full benefits, the total cost is reduced by the current premium payments for these eligibles (\$1,078,116) for a total cost of \$18,956,583. The expenditures listed

	F	Y19 [	Dept Req C	ost	to Continue					FY'	9 Gov Rec C	cos	t to Continu	ie	
HB	Program		GR	П	Fed	Other*		Total	GR		Fed		Other*		Total
11.435	Pharmacy	\$	352,460	\$	2,286,989	\$ 919,513	S	3,558,962	\$ 240,202	\$	1,624,316	\$	626,650	\$	2,491,168
11.436	MORx	\$	25,120	\$	5 <b>7</b> .0	\$ : F:	\$	25,120	\$ 17,583	\$	-	\$	>#0	\$	17,583
11.455	Physician	\$	617,971	\$	1,205,493	\$ 52,498	\$	1,875,962	\$ 421,148	\$	856,192	\$	35,778	\$	1,313,118
11.460	Dental	\$	7,753	\$	13.941	\$ (i=0	\$	21,694	\$ 5,284	\$	9,901	\$	7 <del>-</del> 2	\$	15,185
11.465	Premium	\$	328,909	\$	591,374	\$ -	\$	920,283	\$ 224,152	\$	420,019	\$		\$	644,171
11.470	Home Health	\$	8,570	S	15,408	\$ 14	\$	23,978	\$ 5,840	\$	10,944	\$	620	\$	16,784
11.480	Rehab	\$	230,672	\$	534,878	\$ 66,816	\$	832,366	\$ 157,203	\$	379,893	\$	45,535	\$	582,631
11.480	NEMT	\$	59,171	S	106,389	\$ -	\$	165,560	\$ 40,325	\$	75,562	\$		\$	115,887
11.490	Complex Rehab	\$	14,283	S	25,680	\$ -	S	39,963	\$ 9,734	\$	18,239	\$		\$	27,973
11.510	Hospital	\$	165,508	S	2,554,693	\$ 1,233,820	S	3,954,021	\$ 122,225	\$	1,804,622	S	840,850	\$	2,767,697
	MHD Total	\$	1,810,417	S	7,334,845	\$ 2,272,647	\$	11,417,909	\$ 1,243,696	\$	5,199,688	\$	1,548,813	\$	7,992,197

\*Other funds include Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund, Pharmacy Rebates Fund, Ambulance Reimbursement Fund and Third Party Liability Fund.

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Department: Social Services					Budget Unit	90541C, 9053	8C, 90544C, 90	0546C, 90547	C, 90564C,	
Division: MO HealthNet						90550C, 9056	1C, 90577C, 90	0552C		
DI Name: Asset Limit Increase FY	19 Phase In		DI# 0000017							
5. BREAK DOWN THE REQUEST	BY BUDGET OF	JECT CLASS	JOB CLASS,	AND FUND SO	OURCE. IDEN	ITIFY ONE-TIM	IE COSTS.			
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	1,810,417		7,334,845		2,272,647		11,417,909			0
Total PSD	1,810,417	<i>1</i> <del>=</del>	7,334,845		2,272,647		11,417,909			0
Grand Total	1,810,417	0.0	7,334,845	0.0	2,272,647	0.0	11,417,909	0.0		0
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS	E
Program Distributions	1,243,696		5,199,688		1,548,813		7,992,197			0
Total PSD	1,243,696	10.	5,199,688	11.2	1,548,813		7,992,197			0
Grand Total	1,243,696	0.0	5,199,688	0.0	1,548,813	0.0	7,992,197	0.0		0

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Department: Social Services	Budget Unit 90541C, 90538C, 90544C, 90546C, 90547C, 90564C,
Division: MO HealthNet	90550C, 90561C, 90577C, 90552C
DI Name: Asset Limit Increase FY19 Phase In DI# 0000017	
6. PERFORMANCE MEASURES (If new decision item has an asso	ciated core, separately identify projected performance with & without additional
6a. Provide an effectiveness measure.	6b. Provide an efficiency measure.
Since this decision item is a combined request for the increase in authority of several programs, measures are incorporated in the individual program descriptions.	Since this decision item is a combined request for the increase in authority of several programs, measures are incorporated in the individual program descriptions.
6c. Provide the number of clients/individuals served, if applicable.	6d. Provide a customer satisfaction measure, if available.
Since this decision item is a combined request for the increase in authority of several programs, measures are incorporated in the individual program descriptions.	Since this decision item is a combined request for the increase in authority of several programs, measures are incorporated in the individual program descriptions.
7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREME	NT TARGETS:
N/A	

FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	GOV REC
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00
0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00
\$0	0.00	\$0	0.00	\$3,558,962	0.00	\$2,491,168	0.00
\$0	0.00	\$0	0.00	\$352,460	0.00	\$240,202	0.00
\$0	0.00	\$0	0.00	\$2,286,989	0.00	\$1,624,316	0.00
\$0	0.00	\$0	0.00	\$919,513	0.00	\$626,650	0.00
	ACTUAL DOLLAR  0 0 \$0 \$0 \$0	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE BUDGET FTE  0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DOLLAR  0 0.00 0 0.00 3,558,962 0 0.00 0 0.00 3,558,962 \$0 0.00 \$0 0.00 \$3,558,962 \$0 0.00 \$0 0.00 \$3,558,962 \$0 0.00 \$0 0.00 \$3,558,962 \$0 0.00 \$0 0.00 \$3,558,962	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  0 0.00 0 0.00 3,558,962 0.00 0 0.00 0 0.00 3,558,962 0.00 \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$0 0.00 \$0 0.00 \$2,286,989 0.00	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR  0 0.00 0 0.00 3,558,962 0.00 2,491,168 0 0.00 0 0.00 3,558,962 0.00 2,491,168 0 0.00 \$0 0.00 \$3,558,962 0.00 \$2,491,168  \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$2,491,168  \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$2,491,168  \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$2,491,168  \$0 0.00 \$0 0.00 \$3,558,962 0.00 \$2,491,168

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MISSOURI RX PLAN								
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	25,120	0.00	17,583	0.00
TOTAL - PD	0	0.00	0	0.00	25,120	0.00	17,583	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$25,120	0.00	\$17,583	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$25,120	0.00	\$17,583	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN RELATED PROF								ķ.
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,875,962	0.00	1,313,118	0.00
TOTAL - PD	0	0.00	0	0.00	1,875,962	0.00	1,313,118	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,875,962	0.00	\$1,313,118	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$617,971	0.00	\$421,148	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,205,493	0.00	\$856,192	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$52,498	0.00	\$35,778	0.00

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
DENTAL								- Automo-
Year 2 Asset Limit Increase - 0000017 PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	21,694	0.00	15,185	0.00
TOTAL - PD	0	0.00	0	0.00	21,694	0.00	15,185	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$21,694	0.00	\$15,185	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$7,753	0.00	\$5,284	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$13,941	0.00	\$9,901	0.00
OTHER FUNDS	so	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	920,283	0.00	644,171	0.00
TOTAL - PD	0	0.00	0	0.00	920,283	0.00	644,171	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$920,283	0.00	\$644,171	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$328,909	0.00	\$224,152	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$591,374	0.00	\$420,019	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

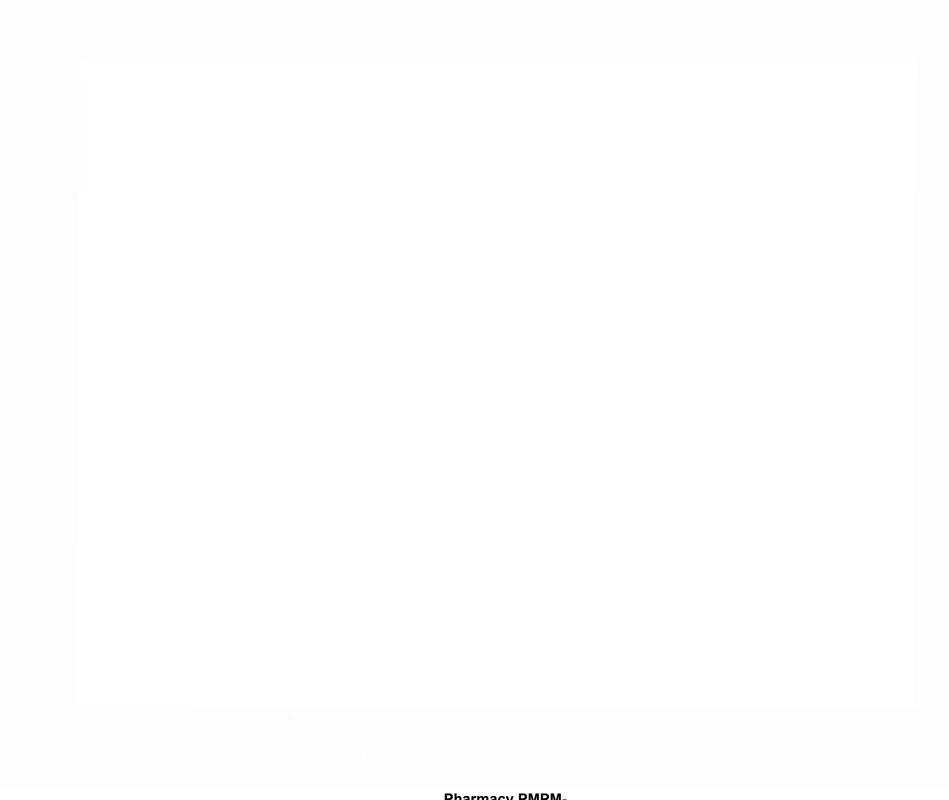
Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	23,978	0.00	16,784	0.00
TOTAL - PD	0	0.00	0	0.00	23,978	0.00	16,784	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$23,978	0.00	\$16,784	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$8,570	0.00	\$5,840	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$15,408	0.00	\$10,944	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

						Committee of the Commit	THE PARTY NAMED IN COLUMN
FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
		_					
0	0.00	0	0.00	832,366	0.00	582,631	0.00
0	0.00	0	0.00	832,366	0.00	582,631	0.00
\$0	0.00	\$0	0.00	\$832,366	0.00	\$582,631	0.00
\$0	0.00	\$0	0.00	\$230,672	0.00	\$157,203	0.00
\$0	0.00	\$0	0.00	\$534,878	0.00	\$379,893	0.00
\$0	0.00	\$0	0.00	\$66,816	0.00	\$45,535	0.00
	O 0 \$0 \$0	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE  0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DEPT REQ DOLLAR  0 0.00 0 0.00 832,366 0 0.00 0 0.00 832,366 \$0 0.00 \$0 0.00 \$832,366 \$0 0.00 \$0 0.00 \$832,366 \$0 0.00 \$0 0.00 \$832,366 \$0 0.00 \$0 0.00 \$832,366	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  0 0.00 0 0.00 832,366 0.00 0 0.00 0 0.00 832,366 0.00 \$0 0.00 \$0 0.00 \$832,366 0.00 \$0 0.00 \$0 0.00 \$832,366 0.00 \$0 0.00 \$0 0.00 \$832,366 0.00 \$0 0.00 \$0 0.00 \$832,366 0.00	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR  0 0.00 0 0.00 832,366 0.00 582,631 0 0.00 0 0.00 832,366 0.00 582,631 \$0 0.00 \$0 0.00 \$832,366 0.00 582,631 \$0 0.00 \$0 0.00 \$832,366 0.00 \$582,631 \$0 0.00 \$0 0.00 \$832,366 0.00 \$582,631 \$0 0.00 \$0 0.00 \$832,366 0.00 \$582,631 \$0 0.00 \$0 0.00 \$832,366 0.00 \$582,631

Budget Unit Decision Item	FY 2017 ACTUAL	FY 2017 ACTUAL	FY 2018 BUDGET	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	165,560	0.00	115,887	0.00
TOTAL - PD	0	0.00	0	0.00	165,560	0.00	115,887	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$165,560	0.00	\$115,887	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$59,171	0.00	\$40,325	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$106,389	0.00	\$75,562	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
0	0.00	a	0.00	39,963	0.00	27,973	0.00
0	0.00	0	0.00	39,963	0.00	27,973	0.00
\$0	0.00	\$0	0.00	\$39,963	0.00	\$27,973	0.00
\$0	0.00	\$0	0.00	\$14,283	0.00	\$9,734	0.00
\$0	0.00	\$0	0.00	\$25,680	0.00	\$18,239	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	ACTUAL DOLLAR  0 0 \$0 \$0 \$0	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE BUDGET FTE  0 0.00 0 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE DOLLAR  0 0.00 0 0.00 39,963 0 0.00 0 0.00 39,963 \$0 0.00 \$0 0.00 \$39,963 \$0 0.00 \$0 0.00 \$39,963 \$0 0.00 \$0 0.00 \$14,283 \$0 0.00 \$0 0.00 \$25,680	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  0 0.00 0 0.00 39,963 0.00 0 0.00 0 0.00 39,963 0.00 \$0 0.00 \$0 0.00 \$39,963 0.00 \$0 0.00 \$0 0.00 \$39,963 0.00 \$0 0.00 \$0 0.00 \$14,283 0.00 \$0 0.00 \$0 0.00 \$25,680 0.00	ACTUAL DOLLAR FTE DOLLAR BUDGET DEPT REQ DEPT REQ DOLLAR  0 0.00 0 0.00 39,963 0.00 27,973 0 0.00 0 0.00 39,963 0.00 27,973 \$0 0.00 \$0 0.00 39,963 0.00 27,973 \$0 0.00 \$0 0.00 \$39,963 0.00 \$27,973 \$0 0.00 \$0 0.00 \$39,963 0.00 \$27,973 \$0 0.00 \$0 0.00 \$14,283 0.00 \$9,734 \$0 0.00 \$0 0.00 \$25,680 0.00 \$18,239

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Year 2 Asset Limit Increase - 0000017								
PROGRAM DISTRIBUTIONS	(	0.00	0	0.00	3,954,021	0.00	2,767,697	0.00
TOTAL - PD	(	0.00	0	0.00	3,954,021	0.00	2,767,697	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,954,021	0.00	\$2,767,697	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$165,508	0.00	\$122,225	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,554,693	0.00	\$1,804,622	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$1,233,820	0.00	\$840,850	0.00



OF

22

RANK: 8

	Social Services	<u> </u>			Budget Unit	90541C,90556C	, 90573C			
Division: MO DI Name: Pha	HealthNet armacy PMPM In	crease-Specialt	y I	DI# 1886011	HB Section	11.435, 11.555,	11.600			
1. AMOUNT	OF REQUEST								-	
		FY 2019 Budg	et Request			FY 20	019 Governor's	Recommendat	ion	
	GR	Federal	Other	Total	E	GR	Federal	Other	Total	E
PS EE PSD	19,976,759	35,709,409	0	55,686,168	PS EE PSD	19,297,140	35,933,497	0	55,230,637	
TRF Total	19,976,759	35,709,409	0	55,686,168	TRF Total	19,297,140	35,933,497	0	55,230,637	
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0	
	budgeted in Hou DOT, Highway Pa	15.77		es budgeted	100	s budgeted in Hot DOT, Highway Pa	,	-	es budgeted	
Other Funds:	N/A				Other Funds:	N/A				
2. THIS REQU	JEST CAN BE CA	ATEGORIZED A	S:							
	New Legislation				New Program		F	und Switch		
	Federal Mandate	)			Program Expansi	on _	C	ost to Continue		
	GR Pick-Up		_		Space Request	-	E	quipment Repla	acement	
	Pay Plan			X	Other: Inflation/U	tilization				

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.

State statute: Section 208.201, RSMo; Federal Law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

		ITEM

	RANK:	8	OF	22	- III)	
Department: Social Services			Budget Unit	90541C,905560	C, 90573C	
Division: MO HealthNet			THE PERSON WAS ALL STREET	1		
Ol Name: Pharmacy PMPM Increase-Specialty	DI# 1886011					

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Express Scripts (ESI) Trend Report in support of the decision item.

Specialty drugs account for the majority of the projected increase in pharmacy expenditures, and treat complex chronic and/or life threatening conditions. Drugs are considered specialty drugs within MHD if the prescription cost is \$600 or more. Specialty drugs are often the first effective treatment of a condition. Many specialty products face little market competition and target a small patient population, thus they have a high cost per unit. Most specialty products are complex "biologics" and not easily copied; making introduction of generics a long, slow process. Typically, specialty drugs require special storage, handling, and administration. They may also require detailed patient instructions and adherence monitoring from qualified healthcare providers. Additionally, there is generally pent up demand for a specialty drug, making the first few years of use very expensive.

According to ESI, the major contributors in the increase in specialty spend is brand inflation and accelerating development of expensive, highly targeted therapies. The top specialty drug therapy classes are inflammatory conditions, oncology, multiple sclerosis, and HIV. The drug class for inflammatory conditions remained the most expensive with a 26.4% trend in the commercial market.

Highlights for these classes are:

Inflammatory Conditions - such as rheumatoid arthritis, psoriasis and Crohn's disease will increase due to the expansion of indications for current therapies, movement of therapy from medical settings to pharmacy and increasing numbers of patients newly diagnosed with inflammatory conditions. Three biosimilars were approved by the FDA in 2016. Oncology — The use of oncology medications by patients as maintenance therapy will result in increased utilization of expensive medications. The increasing prevalence of self-administered oncology medications will lead to a higher utilization and cost through the pharmacy benefit.

HIV – Newer combination therapies, such as Truvada and Triumeq, were responsible for most of the trend in this class. Some of the increase is due to increased patient volume due to higher rates of screening and longer lives for HIV patients.

Multiple Sclerosis – This therapy class is dominated by branded medications in which the top 5 drugs in this class have increased the unit cost by nearly 10%. The PMPY spend for the medications in this drug class increased 6.1% in 2016, driven by a 7.4% increase in unit cost.

ESI indicates that the specialty trend is forecasted to increase 7.82% between CY 2018 and CY 2019. The commercial drug spend for specialty medications was 47.7% in FY 16. The percent of specialty in the MHD expenditure has been 38.6% for FY14, 44.5% in FY15, 49.1% in FY16, and 51.2% in FY17 but is expected to grow to 55.3% in FY19. The difference in the specialty rates between MHD and the commercial market is due to the MHD caseload mix.

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Department: Social Services
Division: MO HealthNet

Budget Unit 90541C,90556C, 90573C

DI Name: Pharmacy PMPM Increase-Specialty DI# 1886011

Specialty	Drugs	
	Dept Req	Gov Rec
FY18 Trend	10.140%	9.169%
FY19 Trend	7.820%	7.820%

	Department Request				Governor's Recommendation				
	OAA	PTD	Others		OAA	PTD	Others		
	Specialty	Specialty	Specialty	<u>Total</u>	Specialty	Specialty	Specialty	Total	
FY17 PMPM	\$319.48	\$631.23	\$57.61		\$319.48	\$631.23	\$57.61	A	
Specialty Rate	53.20%	53.20%	53.20%		53.20%	53.20%	53.20%		
Subtotal	\$169.96	\$335.81	\$30.65		\$169.96	\$335.81	\$30.65		
FY18 PMPM Trend Rate	10.140%	10.140%	10.140%		9.169%	9.169%	9.169%		
Increase in PMPM	\$17.23	\$34.05	\$3.11		\$15.58	\$30.79	\$2.81		
FY18 Estimate	\$187.19	\$369.86	\$33.76		\$185.54	\$366.60	\$33.46		
FY19 PMPM Trend Rate	7.820%	7.820%	7.820%		7.820%	7.820%	7.820%		
FY19 Estimate	\$14.64	\$28.92	\$2.64		\$14.51	\$28.67	\$2.62		
Members	9,676	84,772	775,476		9,676	84,772	775,476		
Monthly Cost	\$141,660	\$2,451,597	\$2,047,257		\$140,402	\$2,430,404	\$2,031,747		
12 Months	12	12	12		12	12	12		
Yearly Cost	\$1,699,920	\$29,419,164	\$24,567,084	\$55,686,168	\$1,684,824	\$29,164,848	\$24,380,964	\$55,230,636	

		Dep	partment Requ	iest	Governor's Recommendation				
Pharmacy expenditures by program:	FMAP	Total	GR	FF	Total	GR	FF		
Blind Pension Medical		\$250,493	\$250,493	\$0	\$248,444	\$248,444	\$0		
CHIP	74.985%	\$806,001	\$201,621	\$604,380	\$799,408	\$199,972	\$599,436		
Pharmacy	64.260%	\$54,629,674	\$19,524,645	\$35,105,029	\$54,182,784	\$19,364,927	\$34,817,857		
*		\$55,686,168	\$19,976,759	\$35,709,409	\$55,230,636	\$19,813,343	\$35,417,293		

The difference between the Governor recommended amount and the department request is due to a change in the FY18 PMPM trend rate.

RANK:	8	OF	22
FERRICAL PARTICIPATION OF			

Department: Social Services
Division: MO HealthNet

Budget Unit 90541C,90556C, 90573C

DI Name: Pharmacy PMPM Increase-Specialty DI# 1886011

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions Total PSD	19,976,759 19,976,759	92 <u>.</u>	35,709,409 35,709,409	-	(	<del>-</del>	55,686,168 <b>55,686,168</b>		0
Grand Total	19,976,759	0.0	35,709,409	0.0	(	0.0	55,686,168	0.0	0
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Program Distributions Total PSD	19,297,140 19,297,140		35,933,497 <b>35,933,497</b>	2_	(	<u> </u>	55,230,637 <b>55,230,637</b>		0
Grand Total	19,297,140	0.0	35,933,497	0.0		0.0	55,230,637	0.0	0

N	EW DECISION ITEM
RANK:	8 OF <u>22</u>
Department: Social Services	Budget Unit 90541C,90556C, 90573C
Division: MO HealthNet	
DI Name: Pharmacy PMPM Increase-Specialty DI# 1886011	
6. PERFORMANCE MEASURES (If new decision item has an associate	ed core, separately identify projected performance with & without additional funding.)
6a. Provide an effectiveness measure.	6b. Provide an efficiency measure.
Please see the Pharmacy core section for performance measures.	Please see the Pharmacy core section for performance measures.
6c. Provide the number of clients/individuals served, if applicable.	6d. Provide a customer satisfaction measure, if available.
Please see the Pharmacy core section for performance measures.	Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

			F11 0010	E14.0040	m:	m/ 00/0	P24 0040		
Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
PHARMACY									
Pharmacy PMPM Inc-Specialty - 1886011									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00	
TOTAL - PD	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$54,629,674	0.00	\$54,182,785	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$19,524,645	0.00	\$18,853,984	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$35,105,029	0.00	\$35,328,801	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

	AND THE RESERVE OF THE PARTY OF THE PARTY.	
FY 2019	FY 2019	
<b>GOV REC</b>	GOV REC	
DOLLAR	FTE	
799,408	0.00	
799,408	0.00	
\$799,408	0.00	
\$194,712	0.00	
\$604,696	0.00	
\$0	0.00	
)	\$799,408 \$194,712 \$604,696	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019	FY 2019	FY 2019 GOV REC FTE	
Decision Item Budget Object Class	DOLLAR	ACTUAL FTE	BUDGET DOLLAR	FTE	DOLLAR	DEPT REQ FTE	GOV REC DOLLAR		
BLIND PENSION MEDICAL BENEFITS	100000000000000000000000000000000000000								
Pharmacy PMPM Inc-Specialty - 1886011									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	250,493	0.00	248,444	0.00	
TOTAL - PD	0	0.00	0	0.00	250,493	0.00	248,444	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$250,493	0.00	\$248,444	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$250,493	0.00	\$248,444	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

NEW DECISION ITEM RANK: 9 OF

22

	partment: Social Services				Budget Unit 90541C, 90556C, 90573C						
	IO HealthNet harmacy PMPM Inci	rease-Non-Speci	alty D	I# 1886012	HB Section	11.435, 11.555, 1	1.600				
1. AMOUN	T OF REQUEST										
	V	FY 2019 Budge	t Request			FY 20	19 Governor's R	Recommendation	n		
	GR	Federal	Other	Total	E	GR	Federal	Other	Total E		
PS EE					PS EE						
PSD TRF	2,347,289	4,195,891	0	6,543,180	PSD TRF	0	0	0	0		
Total	2,347,289	4,195,891	0	6,543,180	Total	0	0	0	0		
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00		
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0		
Note: Fringe	es budgeted in House loDOT, Highway Patr		certain fringes b		Note: Fringe:	s budgeted in Hous DOT, Highway Pat			udgeted		
Other Funds	s: N/A				Other Funds:	N/A					
2. THIS REC	QUEST CAN BE CAT	EGORIZED AS:									
	_ New Legislation				New Program	_	177075	und Switch			
4	Federal Mandate				Program Expansion	on _		ost to Continue	INTER-SECURITION OF THE SECURITION OF THE SECURI		
	GR Pick-Up		-		Space Request	tiliantian —	E	quipment Replac	ement		
	_ Pay Plan		-	X	Other: Inflation/U	unzauon					
	THIS FUNDING NEE			TION FOR ITE	VIS CHECKED IN	#2. INCLUDE TH	E FEDERAL OR	STATE STATUT	ORY OR		
NDI SYNOP	SIS: Funds are need	ed to address the	anticipated inci	reases in the ph	narmacy program	due to new drugs. I	herapies, and infl	ation.			

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.

State statute: Section 208.201, RSMo; Federal Law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

			010111Em		
	RANK:	9	OF	22	
Department: Social Services			<b>Budget Unit</b>	90541C, 90556C	; 90573C
Division: MO HealthNet					
DI Name: Pharmacy PMPM Increase-Non-Specialty	DI# 1886012				

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Non-specialty drugs are generally drugs that are not used to treat complex, chronic conditions; do not require special administration, handling, or distribution; do not require monitoring of therapy to determine effectiveness and/or side effects; or have per-member-per-month (PMPM) costs below \$600. Non-specialty drugs are expected to have modest increases over the next few years. Diabetes is a significant driver of increases in both utilization and cost.

MHD utilized the Express Scripts (ESI) Trend Report as the basis for the decision item. ESI indicates that the non-specialty trend is forecasted to increase 0.55% in CY17, 0.33% in CY18, and 1.96% in CY19. The commercial drug spend for specialty medications is 47.7% with the number expected to increase to 53.9% by CY 2019. The percent of specialty in the MHD expenditure has been 44.5% for FY15, 49.1% in FY16, 51.2% in FY17, but is expected to grow to 55.3% in FY19, making the percent of non-specialty 44.7%. The difference in the specialty rates between MHD and the commercial market is due to the MHD caseload mix. Based on the industry source, MHD assumes no non-specialty trend of in FY18 and 1.15% in FY19.

\*The Governor's Recommended budget assumes no increase for non-specialty drugs. This is based on the non-specialty drug PMPMs experienced by MHD in Fiscal Years 2014, 2015, 2016, and 2018.

Non-Specialty	Drugs								
FY18 Trend	0.000%								
FY19 Trend	1.150%		Department	Request					
	OAA	PTD	Others	Total					
FY17 PMPM	\$319.48	\$631.23	\$57.61		<b>3</b> 8				
Non Specialty Rate	46.80%	46.80%	46.80%						
Subtotal	\$149.52	\$295.42	\$26.96						
FY18 PMPM Trend Rate	0.00%	0.00%	0.00%					731	
					Pharmacy expenditures	FMAPs	Total	GR	FF
Increase in PMPM	\$0.00	\$0.00	\$0.00		by program:				
FY18 Estimate	\$149.52	\$295.42	\$26.96		Blind	0%	\$29,433	\$29,433	\$0
FY19 PMPM Trend Rate	1.15%	1.15%	1.15%		CHIP	74.985%	\$94,706	\$23,691	\$71,015
FY19 Estimate	\$1.72	\$3.40	\$0.31		Pharmacy	64.260%	\$6,419,041	\$2,294,165	\$4,124,876
Members	9,676	84,772	775,476				\$6,543,180	\$2,347,289	\$4,195,891
Monthly Cost	\$16,643	\$288,224	\$240,398						
12 Months	12	12	12						
Yearly Cost	\$199,716	\$3,458,688	\$2,884,776	\$6,543,180					

	RANK:	9	OF	22	_	
Department: Social Services			Budget Unit	90541C, 90	0556C, 90573C	
Division: MO HealthNet			AN JOSEPH <del>Se</del> nen energy spire.			
DI Name: Pharmacy PMPM Increase-Non-Specialty	DI# 1886012					

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	1
Program Distributions	2,347,289		4,195,891				6,543,180			
Total PSD	2,347,289	i.	4,195,891	i a	0	ā	6,543,180		0	
Grand Total	2,347,289	0.0	4,195,891	0.0	0	0.0	6,543,180	0.0	0	į
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec TOTAL	Gov Rec TOTAL	Gov Rec One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	
Program Distributions	0		0		0		0			
Total PSD	0		0	•	0		0		0	8
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0	

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MEAA	DECIS	UN	I I EIVI

RANK:	9 OF 22
Department: Social Services	Budget Unit 90541C, 90556C, 90573C
Division: MO HealthNet	
DI Name: Pharmacy PMPM Increase-Non-Specialty DI# 1886012	
6. PERFORMANCE MEASURES (If new decision item has an associated co	re, separately identify projected performance with & without additional funding.)
6a. Provide an effectiveness measure.	6b. Provide an efficiency measure.
Please see the Pharmacy core section for performance measures.	Please see the Pharmacy core section for performance measures.
6c. Provide the number of clients/individuals served, if applicable.	6d. Provide a customer satisfaction measure, if available.
Please see the Pharmacy core section for performance measures.	Please see the Pharmacy core section for performance measures.
7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARG	ETS:
N/A	

						_			
Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
PHARMACY									
Phrmacy PMPM Inc-Non Specialty - 1886012									
PROGRAM DISTRIBUTIONS	0	0,00	0	0.00	6,419,041	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	6,419,041	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$6,419,041	0.00	\$0	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,294,165	0.00		0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$4,124,876	0.00		0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	<b>DEPT REQ</b>	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Phrmacy PMPM Inc-Non Specialty - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	94,706	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	94,706	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$94,706	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$23,691	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$71,015	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
BLIND PENSION MEDICAL BENEFITS								
Phrmacy PMPM Inc-Non Specialty - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	29,433	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	29,433	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$29,433	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$29,433	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.0
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

OF

22

RANK: 17

	Social Services				Budget Unit:	90522C				•==
Division: MC DI Name: Ad	) HealthNet Ivancing MMIS To	echnology		DI # 1886025	HB Section:	11.400, 11.420				21
1. AMOUNT	OF REQUEST									
		FY 2019 Budg	et Request			FY 20	19 Governor's	Recommendati	on	
	GR	Federal	Other	Total	E	GR	Federal	Other	Total	E
PS	A				PS PS	217,724	217,724		435,448	
EE	0	0	0	0	EE	6,403,686	2,718,683	0	9,122,369	
PSD					PSD					
TRF					TRF					4
Total	0	0	0	0	Total	6,621,410	2,936,407	0	9,557,817	
FTE	0.00	0.00	0.00	0.00	FTE	3.50	3.50	0.00	7.00	
Est. Fringe	0	0	0	0	Est. Fringe	95,517	95,517	0	191,033	
75	budgeted in Hous DOT, Highway Pa		3.77	s budgeted		s budgeted in Hou DOT, Highway Pa		1000	s budgeted	
Other Funds:	N/A				Other Funds:	N/A				
2. THIS REQU	JEST CAN BE CA	TEGORIZED A	S:							
	New Legislation				New Program		F	und Switch		
	Federal Mandate			X	Program Expansion	on _	C	Cost to Continue		
	GR Pick-Up		-		Space Request	-	E	quipment Repla	cement	
	Pay Plan		l la		Other:	<u>@</u> =				

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund Medicaid Management Information System (MMIS) system changes necessary for Medicaid reform; additional contracted pharmacy call center staff; additional state staffing which will be designated to work on the procurement and system implementations; federal match rate changes on current contracts; and decreasing reliance on MMIS payments made from the MO HealthNet program lines. This NDI is also needed so providers can be paid timely, new legislative priorities can be implemented, deadlines can be met for on-going projects, enhancements and Medicaid reform.

	RANK:_	17	OF	22	
Department: Social Services		- E	Budget Unit: 90	522C	
Division: MO HealthNet	**		16/2		
DI Name: Advancing MMIS Technology	1886025				

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed to fund MMIS system changes necessary for Medicaid reform; additional contracted pharmacy call center staff; additional state staffing which will be designated to work on the procurement and system implementations; federal match rate changes on current contracts; and decreasing reliance on MMIS payments made from the MO HealthNet program lines.

Guidance from CMS requires MMIS system changes, including the replacement of the legacy MMIS system in order to receive MMIS enhanced funding.

The additional pharmacy call center staff will support CMS changes related to claims processing and maintenance of service level and provide complex reviews which are necessary in order to implement recent and upcoming changes within the MO Health Net Pharmacy program (i.e. prior authorization of costly new prescriptions, monitoring Hepatitis C therapy requests, and implementing opiate restrictions).

The additional state staffing will be dedicated to the procurement and system implementation for the new MMIS. These staff will allow current staff to continue their duties without interrupting ongoing operations. These staff will work to ensure procurement and implementation is completed in a timely manner and mitigate the risk of an unsuccessful implementation which could result in the loss of enhanced federal funding for MMIS.

	GR	FED	Other	Total	FTE
Staff	\$217,724	\$217,724	\$0	\$435,448	7.00
E&E Staffing Costs	\$18,683	\$18,683	\$0	\$37,366	
HIPPA Mandated Transactions Upgrade	\$300,000	\$2,700,000	\$0	\$3,000,000	
GR need for Conduent Pharmacy Monthly Operations and	\$2,900,000	\$0	\$0	\$2,900,000	
Inpatient Certification					
GR need for Infocrossing Monthly Operations	\$3,185,003		\$0	\$3,185,003	
Advancing MO Health Net Technology Total	\$6,621,410	\$2,936,407	\$0	\$9,557,817	7.00

RANK:	17	OF	22	
				_

Department: Social Services
Division: MO HealthNet

Budget Unit: 90522C

DI Name: Advancing MMIS Technology 1886025

5. BREAK DOWN THE REQUEST B	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Total PS		0.0	0	0.0	C	· 0	0	0.0	0	- (
Total EE	0	( <del>)</del>	0	-	0		0		0	<b>3</b>
Grand Total	0	0.0	0	0.0	C	0.0	0	0.0	0	
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec TOTAL	Gov Rec TOTAL	Gov Rec One-Time	200
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
	217,724	3.50	217,724	3.50		0.0	435,448	7.0		
Total PS	217,724	3.50	217,724	3.50	0	0.0	435,448	7.0	0	
	6,403,686	0.00	2,718,683	0.00		0.00	9,122,369	0.00	0	
Total EE	6,403,686	0.00	2,718,683	0.00	0	0.00	9,122,369	0.00	0	
Grand Total	6,621,410	3.50	2,936,407	3.50	0	0.0	9,557,817	7.00	0	_

			ITEM

RANK:	17 OF 22
Department: Social Services	Budget Unit: 90522C
Division: MO HealthNet	
DI Name: Advancing MMIS Technology 1886025	
6. PERFORMANCE MEASURES (If new decision item has an associated	d core, separately identify projected performance with & without additional funding.)
6a. Provide an effectiveness measure.	6b. Provide an efficiency measure.
See Clinical Services Program Management and Information Systems	See Clinical Services Program Management and Information
for program measures.	Systems for program measures.
6c. Provide the number of clients/individuals served, if applicable.	6d. Provide a customer satisfaction measure, if available.
See Clinical Services Program Management and Information Systems	See Clinical Services Program Management and Information
for program measures.	Systems for program measures.
7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TA	ARGETS:
N/A	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN PS-0101								
Advancing MMIS Technology - 1886025								
MANAGEMENT ANALYSIS SPEC II	C	0.00	0	0.00	0	0.00	64,170	1.50
SOCIAL SERVICES MGR, BAND 1	C	0.00	0	0.00	0	0.00	20,592	0.50
MISCELLANEOUS PROFESSIONAL	0	0.00	0	0.00	0	0.00	96,698	1.50
SPECIAL ASST PROFESSIONAL	C	0.00	0	0.00	0	0.00	36,264	0.00
TOTAL - PS	Ó	0.00	0	0.00	0	0.00	217,724	3.50
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$217,724	3.50
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$217,724	3.50
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN PS-0610								
Advancing MMIS Technology - 1886025								
MANAGEMENT ANALYSIS SPEC II	(	0.00	0	0.00	٥	0.00	64,170	1.50
SOCIAL SERVICES MGR, BAND 1	(	0.00	0	0.00	0	0.00	20,592	0.50
MISCELLANEOUS PROFESSIONAL	(	0.00	0	0.00	0	0.00	96,698	1.50
SPECIAL ASST PROFESSIONAL	(	0.00	0	0.00	0	0.00	36,264	0.00
TOTAL - PS	(	0.00	0	0.00	0	0.00	217,724	3.50
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$217,724	3.50
GENERAL REVENUE	\$(	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$217,724	3.50
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
MO HEALTHNET ADMIN E&E-0101									
Advancing MMIS Technology - 1886025									
SUPPLIES	0	0.00	0	0.00	0	0.00	1,028	0.00	
COMPUTER EQUIPMENT	0	0.00	0	0.00	0	0.00	1,847	0.00	
OFFICE EQUIPMENT	0	0.00	0	0.00	0	0.00	15,808	0.00	
TOTAL - EE	0	0.00	0	0.00	0	0.00	18,683	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$18,683	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$18,683	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ DEPT REQ		<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN E&E-0610								
Advancing MMIS Technology - 1886025								
SUPPLIES	0	0.00	0	0.00	0	0.00	1,027	0.00
COMPUTER EQUIPMENT	0	0.00	0	0.00	0	0.00	1,848	0.00
OFFICE EQUIPMENT	0	0.00	0	0.00	0	0.00	15,808	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	18,683	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$18,683	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$18,683	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	DEPT REQ GOV REC G	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
INFORMATION SYSTEMS-0101									
Advancing MMIS Technology - 1886025									
PROFESSIONAL SERVICES	0	0.00	0	0.00	0	0.00	6,385,003	0.00	
TOTAL - EE	0	0.00	0	0.00	0	0.00	6,385,003	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$6,385,003	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$6,385,003	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit Decision Item	FY 2017 ACTUAL	FY 2017 ACTUAL	FY 2018 BUDGET	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
INFORMATION SYSTEMS-0610								
Advancing MMIS Technology - 1886025 PROFESSIONAL SERVICES	0	0.00	0	0.00	0	0.00	2,700,000	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	2,700,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$2,700,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$2,700,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PS EE **PSD** 

TRF

RANK: 10	OF	22
KANK: 10	OF	22

Department: Social Services

Budget Unit: 90551C, 90556C, 88855C

GR

12,789,839

FY 2019 Governor's Recommendation

Other

Total

37.259.777

lΕ

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886007

HB Section: 11.505, 11.555 and 11.560

		FY 2019 Budg	et Request		
1	GR	Federal	Other	Total	E
PS					
EE					
PSD	13,384,986	24,594,801	0	37,979,787	
TRF					
Total	13,384,986	24,594,801	0	37,979,787	10
FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	1

directly to MoDOT, Highway Patrol, and Conservation.

Total _	12,789,839	24,469,938	0	37,259,777		
FTE	0.00	0.00	0.00	0.00		
Est. Fringe	0	0	0	0		

directly to MoDOT, Highway Patrol, and Conservation.

Federal

24,469,938

Other Funds: N/A Other Funds: N/A

2.	THIS	REQI	JEST	CAN	BE	CAT	EGOF	RIZED	AS:
			TOTAL PROPERTY	THE PROPERTY OF THE PARTY OF TH	THE RESERVE AND ADDRESS.				

2	New Legislation	Nev	v Program	Fund Switch
X	Federal Mandate	Pro	gram Expansion	Cost to Continue
	GR Pick-Up	Spa	ace Request	Equipment Replacement
5.6	Pay Plan	X Oth	er: Increase	

### 3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to fund an increase for managed care medical, newborn delivery, and Neonatal Intensive Care Unit (NICU) services to ensure that managed care payments are actuarially sound. The FY19 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is 208.166 RSMo. Final rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation. 83

RANK: 10 OF 22

Department: Social Services

Budget Unit: 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886007

HB Section 11.505, 11.555 and 11.560

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The chart below indicates the projected need for all medical services as well as the births of children and Neonatal Intensive Care Unit (NICU) care for newborns in need of specialized care. Pharmacy benefits were carved out of managed care beginning October 1, 2009; therefore, participants receive their pharmacy benefits through the fee-for-service program. The FY19 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements. This trend is based on the FY19 rates that are set in the Statewide Managed Care RFP. The total cost is estimated at \$37,259,777 as follows:

Program	Region	FY18	FY19	Difference	Participants	Contract Months in FY19	Total
Medical-Managed Care	Eastern	\$209.08	\$212.54	\$3.46	226,153	12	\$9,383,343
Medical-Managed Care	Central	\$206.40	\$210.12	\$3.72	185,275	12	\$8,266,065
Medical-Managed Care	Western	\$237.95	\$242.71	\$4.76	155,771	12	\$8,900,782
Medical-Managed Care	Southwest	\$165.38	\$167.75	\$2.37	126,372	12	\$3,592,573
	-20			X+	subtotal Ma	anaged Care	\$30,142,763
Medical TIXXI CHIP-Child	Eastern	\$190.58	\$192.49	\$1.91	6,823	12	\$156,033
Medical TIXXI CHIP-Child	Central	\$169.43	\$170.11	\$0.68	7,303	12	\$59,390
Medical TIXXI CHIP-Child	Western	\$228.08	\$238.57	\$10.49	5,331	12	\$671,232
Medical TIXXI CHIP-Child	Southwest	\$122.91	\$124.63	\$1.72	4,894	12	\$101,060
				ธน	btotal TIXXI C	HIP Children	\$987,715
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Eastern	\$575.01	\$589.96	\$14.95	233	12	\$41,754
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Central	\$455.43	\$463.63	\$8.20	201	12	\$19,779
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Western	\$471.31	\$482.62	\$11.31	158	12	\$21,493
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Southwest	\$344.06	\$346.47	\$2.41	148	12	\$4,273
Medical First Year following birth-Show Me Healthy Babies	Eastern	\$729.39	\$753.46	\$24.07	429	12	\$123,822
Medical First Year following birth-Show Me Healthy Babies	Central	\$570.69	\$590.09	\$19.40		12	\$84,264
Medical First Year following birth-Show Me Healthy Babies	Western	\$648.54	\$676.42	\$27.89		12	\$98,918
Medical First Year following birth-Show Me Healthy Babies	Southwest	\$412.66	\$416.79	\$4.13		12	\$12,371
	1.000.000.000.000					btotal SMHB	\$406,674
					Total Need M	ledical Trend	\$31,537,152

RANK: 22

Department: Social Services

Budget Unit : 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886007

HB Section 11.505, 11.555 and 11.560

Program	Region	FY18	FY19	Difference	Participants	Contract Months in FY19	Total
Deliveries-Managed Care, CHIP, SMHB	Eastern	\$5,762.81	\$5,993.32	\$230.51	812	12	\$2,246,113
Deliveries-Managed Care, CHIP, SMHB	Central	\$4,220.62	\$4,267.05	\$46.43	690	12	\$384,414
Deliveries-Managed Care, CHIP, SMHB	Western	\$4,647.92	\$4,787.36	\$139.44	483	12	\$808,180
Deliveries-Managed Care, CHIP, SMHB	Southwest	\$3,268.10	\$3,277.90	\$9.80	459	12	\$53,943
N			subtotal Mai	naged Care, S	SMHB and CH	IP Deliveries	\$3,492,650

Total Need Deliveries Trend \$3,492,650

NICU-Managed Care, CHIP, SMHB	Eastern	\$215,250.77 \$223,860.	80 \$8,610.03	15	12	\$1,498,145
NICU-Managed Care, CHIP, SMHB	Central	\$147,247.56 \$150,339.	76 \$3,092.20	9	12	\$315,404
NICU-Managed Care, CHIP, SMHB	Western	\$171,588.38 \$176,736.	03 \$5,147.65	6	12	\$370,631
NICU-Managed Care, CHIP, SMHB	Southwest	\$143,953.85 \$145,537.	34 \$1,583.49	2	12	\$45,795
		subtotal	Managed Care, SI	MHB and CHIP D	eliveries	\$2,229,975

Total Need NICU Trend \$2,229,975

Total Need Medical, Deliveries and NICU \$37,259,777

	Total	GR	Federal
Managed Care	35,579,257	12,380,514	23,198,743
CHIP	987,715	240,578	747,137
SMHB	692,805	168,747	524,059
	\$37,259,777	\$12,789,838	\$24,469,939

RANK: 10 22

Department: Social Services

DI Name: Managed Care Actuarial Increase

Budget Unit : 90551C, 90556C, 88855C

Division: MO HealthNet

HB Section 11.505, 11.555 and 11.560 DI# 1886007

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	13,384,986		24,594,801	WI S			37,979,787			
Total PSD	13,384,986		24,594,801		0		37,979,787		0	Ī
Grand Total	13,384,986	0.0	24,594,801	0.0	0	0.0	37,979,787	0.0	0	<u>-</u>
Budget Object Class/Job Class	Gov Rec GR	Gov Rec	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec	Gov Rec	Gov Rec	Gov Rec One-Time	
Dudget Object Glassioon Glass	DOLLARS	GR FTE	DOLLARS	FTE	DOLLARS	OTHER FTE	DOLLARS	TOTAL FTE	DOLLARS	E
Program Distributions	12,789,839		24,469,938				37,259,777			
Total PSD	12,789,839		24,469,938	(a)	0		37,259,777	-	0	1
Grand Total	12,789,839	0.0	24,469,938	0.0	0	0.0	37,259,777	0.0	0	)

RANK: 10 OF 22

Department: Social Services

Budget Unit: 90551C, 90556C, 88855C

Division: MO HealthNet

DI# 1886007

HB Section 11.505, 11.555 and 11.560

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

DI Name: Managed Care Actuarial Increase

6b. Provide an efficiency measure.

Please see the Managed Care core section for performance measures.

Please see the Managed Care core section for performance mea

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

Please see the Managed Care core section for performance measures.

Please see the Managed Care core section for performance

measures.

### 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.
- Continue to work with community groups, local medical providers, health care associations, schools, etc., regarding access to MO HealthNet coverage.
- Continue to work with MO HealthNet managed care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC DOLLAR	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE		FTE
MANAGED CARE								
Mngd Care Actuarial Rate Inc - 1886007								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	36,217,649	0.00	35,579,257	0.00
TOTAL - PD	0	0.00	0	0.00	36,217,649	0.00	35,579,257	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$36,217,649	0.00	\$35,579,257	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,944,188	0.00	\$12,380,514	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$23,273,461	0.00	\$23,198,743	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019 GOV REC	FY 2019 GOV REC	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ			
Budget Object Class	DOLLAR		DOLLAR	FTE	DOLLAR	DOLLAR FTE		FTE	
CHILDREN'S HEALTH INS PROGRAM									
Mngd Care Actuarial Rate Inc - 1886007									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	988,301	0.00	987,715	0.00	
TOTAL - PD	0	0.00	0	0.00	988,301	0.00	987,715	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$988,301	0.00	\$987,715	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$247,223	0.00	\$240,578	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$741,078	0.00	\$747,137	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
Mngd Care Actuarial Rate Inc - 1886007								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	773,837	0.00	692,805	0.00
TOTAL - PD	0	0.00	0	0.00	773,837	0.00	692,805	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$773,837	0.00	\$692,805	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$193,575	0.00	\$168,747	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$580,262	0.00	\$524,058	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

NEW DECISION ITEM RANK: 13 OF

22

Division: Mo	Social Services					Budget Unit: _	90551C, 90556C	, 88855C		
The second secon	o nearthnet anaged Care Hea	Ith Insurer Fee		DI# 1886008		HB Section:	11.505, 11.555 a	nd 11.560		<b>-</b> :
1. AMOUNT	OF REQUEST									
	DE CONTRACTOR OF THE PROPERTY	FY 2019 Budg	et Request				019 Governor's	Recommendat	20/20/07/2	
	GR	Federal	Other	Total	E	GR	Federal	Other	Total	E
PS		I V			PS					.160
EE	00 000 540	40 007 400		00 100 000	EE	00 000 540	10 007 100		00 400 000	
PSD TRF	22,303,546	40,827,123	0	63,130,669	PSD TRF	22,303,546	40,827,123	0	63,130,669	
Total	22,303,546	40,827,123	0	63,130,669	Total	22,303,546	40,827,123	0	63,130,669	=33
FTE ·					FTE					
Est. Fringe	0.1	0	0	0	Est. Fringe	0	ol	0		1
	s budgeted in Hou		and the second s			s budgeted in Ho	-		es budgeted	1
	DOT, Highway Pa		PROPERTY OF STREET OF STREET,	<b>9</b>		DOT, Highway P	[2017] [202] [1] [202]	COLUMN TO THE PROPERTY OF THE		]
Other Funds:	N/A				Other Funds:	N/A				
2 THIS REO	UEST CAN BE CA	ATEGORIZED A	S:							
L. IIIIO ILLW			2000		New Program		F	und Switch		
z. IIIIO NEQ	New Legislation									
X	Federal Mandate	l <sub>e</sub>	jąc.		Program Expansi	on _	C	Cost to Continue	¥6	
		}	8 <del>7</del> 90			on _		Cost to Continue Equipment Repla		

NDI SYNOPSIS: Funding is needed to reimburse Managed Care Organizations for the Federal Mandated Affordable Care Act (ACA) Health Insurer Fee. The ACA imposes a fee on each covered entity engaged in the business of providing health insurance. In Calendar Year (CY) 2017, there was a Federal moratorium for the Health Insurer Fee. This moratorium did not impact the filing requirement and payment of the Health Insurer Fee for 2016 or 2018.

RANK:

13

OF

22

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Health Insurer Fee DI# 1886008

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Funding is needed to reimburse Managed Care Organizations for the Federal Mandated Affordable Care Act (ACA) Health Insurer Fee. In Calendar Year (CY) 2017, there was a Federal moratorium for the Health Insurer Fee. The estimated cost is \$63,130,669.

Total	Managed Care	Children's Health Insurance Program (CHIP)	Show Me Healthy Babies (SMHB)
CC2 420 CC0	¢ 60 712 420	£1 611 207	¢ 906 942

Projected SFY 19 Health Insurer Fee (annual)

	Total	GR	Federal				
Managed Care	60,712,439	21,698,626	39,013,813				
CHIP	1,611,387	403,088	1,208,299				
SMHB	806,843	201,832	605,011				
2.11	\$63,130,669	\$22.303.546	\$40.827.123				

RANK:

13

OF 22

Department: Social Services
Division: MO HealthNet

Budget Unit 90551C, 90556C, 88855C

DI Name: Managed Care Health Insurer Fee DI# 1886008

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	22,303,546		40,827,123				63,130,669		
Total PSD	22,303,546		40,827,123		(	5	63,130,669		0
Grand Total	22,303,546	0.0	40,827,123	0.0	(	0.0	63,130,669	0.0	0
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec	Gov Rec OTHER DOLLARS	Gov Rec	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Program Distributions Total PSD	22,303,546 22,303,546		40,827,123 40,827,123	-	(	5	63,130,669 <b>63,130,669</b>		0
Grand Total	22,303,546	0.0	40,827,123	0.0	(	0.0	63,130,669	0.0	0

0.000.0	
RANK:13	OF22
Department: Social Services Division: MO HealthNet DI Name: Managed Care Health Insurer Fee DI# 1886008	Budget Unit 90551C, 90556C, 88855C
6. PERFORMANCE MEASURES (If new decision item has an associated	core, separately identify projected performance with & without additional
6a. Provide an effectiveness measure.	6b. Provide an efficiency measure.
Please see the Managed Care core section for performance measures.	Please see the Managed Care core section for performance measures.
6c. Provide the number of clients/individuals served, if applicable.	6d. Provide a customer satisfaction measure, if available.
Please see the Managed Care core section for performance	Please see the Managed Care core section for performance

#### 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

measures.

 Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.

measures.

- Continue to work with community groups. Local medical providers, health care associations, schools, etc., regarding access to MO HealthNet coverage.
- Continue to work with MO HealthNet managed care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Managed Care Hith Insurer Fee - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	60,712,439	0.00	60,712,439	0.00
TOTAL - PD	0	0.00	0	0.00	60,712,439	0.00	60,712,439	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$60,712,439	0.00	\$60,712,439	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$21,698,626	0.00	\$21,698,626	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$39,013,813	0.00	\$39,013,813	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item Budget Object Class	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Managed Care Hith Insurer Fee - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,611,387	0.00	1,611,387	0.00
TOTAL - PD	0	0.00	0	0.00	1,611,387	0.00	1,611,387	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,611,387	0.00	\$1,611,387	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$403,088	0.00	\$403,088	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,208,299	0.00	\$1,208,299	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
Managed Care Hith Insurer Fee - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	806,843	0.00	806,843	0.00
TOTAL - PD	0	0.00	0	0.00	806,843	0.00	806,843	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$806,843	0.00	\$806,843	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$201,832	0.00	\$201,832	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$605,011	0.00	\$605,011	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00



NEW DECISION ITEM RANK: 12 OF

Department: Social Services

Division: MO HealthNet

22

Budget Unit: 90551C, 90556C, 88855C

1. AMOUNT	OF REQUEST									
	V.	FY 2019 Budg	et Request			FY 20	119 Governor's	Recommendat	ion	
	GR	Federal	Other	Total	E	GR	Federal	Other	Total	E
PS	h			- V	PS	******	1.			
EE					EE					
PSD	12,698,265	23,160,754	0	35,859,019	PSD	11,735,282	22,285,604	0	34,020,886	6
TRF	A				TRF					- 23
Total	12,698,265	23,160,754	0	35,859,019	Total	11,735,282	22,285,604	0	34,020,88	6
					CTC					
FTE					FTE					
	0	0	0	0	Est. Fringe	0	0	0		0
Est. Fringe Note: Fringes	0   budgeted in Hou	se Bill 5 except t	for certain fringe		Est. Fringe Note: Fringes	budgeted in Hou	ise Bill 5 except	for certain fringe	es budgeted	0
사람들은 아이들은 아이들이 나를 가는 것이 없는데 아이를 가게 된다.	0   budgeted in Hou DOT, Highway Pa	se Bill 5 except t	for certain fringe		Est. Fringe Note: Fringes	The second secon	ise Bill 5 except	for certain fringe	es budgeted	0
Est. Fringe Note: Fringes directly to Mod	DOT, Highway Pa	se Bill 5 except t	for certain fringe		Est. Fringe Note: Fringes	budgeted in Hou DOT, Highway Pa	ise Bill 5 except	for certain fringe	es budgeted	0
Est. Fringe Note: Fringes directly to Mod Other Funds:	DOT, Highway Pa N/A JEST CAN BE CA	se Bill 5 except t trol, and Conser	or certain fringe vation.		Est. Fringe Note: Fringes directly to Mot Other Funds:	budgeted in Hou DOT, Highway Pa	ise Bill 5 except atrol, and Conse	for certain fringe rvation.	es budgeted	0
Est. Fringe Note: Fringes directly to Mod Other Funds: 2. THIS REQU	DOT, Highway Pa N/A JEST CAN BE CAN New Legislation	se Bill 5 except t trol, and Conser	or certain fringe vation.		Est. Fringe Note: Fringes directly to Mol Other Funds:  New Program	s budgeted in Hou DOT, Highway Pa N/A	ise Bill 5 except atrol, and Conse	for certain fringervation.		0
Est. Fringe Note: Fringes directly to Mod Other Funds:	N/A  JEST CAN BE CAN New Legislation Federal Mandate	se Bill 5 except t trol, and Conser	or certain fringe vation.		Est. Fringe Note: Fringes directly to Mol Other Funds:  New Program Program Expansion	s budgeted in Hou DOT, Highway Pa N/A	ise Bill 5 except atrol, and Conse	for certain fringervation.  fund Switch  cost to Continue		0
Est. Fringe Note: Fringes directly to Mod Other Funds: 2. THIS REQU	DOT, Highway Pa N/A JEST CAN BE CAN New Legislation	se Bill 5 except t trol, and Conser	or certain fringe vation.		Est. Fringe Note: Fringes directly to Mol Other Funds:  New Program	s budgeted in Hou DOT, Highway Pa N/A	ise Bill 5 except atrol, and Conse	for certain fringervation.		0

NDI SYNOPSIS: Funding is needed to pay for the amount of Managed Care withhold deferred in SFY18 associated with extending Managed Care regional coverage and increasing the Managed Care withhold from 2.5% to 5% in the Statewide Managed Care RFP. This deferment was mentioned in the SFY18 budget request as a New Decision Item related to the Transition to Statewide Managed Care and assumes full release of amount withheld.

RANK: 22

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Withhold Release

DI# 1886009

HB Section 11.505, 11.555 and 11.560

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The total request represents the amount of Managed Care withhold deferred in SFY18 associated with extending Managed Care regional coverage and increasing the Managed Care withhold from 2.5% to 5% in the Statewide Managed Care RFP. In SFY18, Statewide Managed Care Transition NDI total was offset by a 5% payment deferment to be paid in SFY19. This NDI provides authorization to release the withhold to the Managed Care companies if performance measures in the contract are met. This deferment was mentioned in the SFY18 budget request as a New Decision Item related to the Transition to Statewide Managed Care which assumed the full release of the withheld amount. The estimated cost is \$34,020,886.

					S	how Me
	Total	M	anaged Care	CHIP	Hea	Ithy Babies
Projected SFY 18 Withhold Release	\$59,855,652	\$	58,084,705	\$ 1,180,631	\$	590,316
Projected SFY 19 Withhold Release	\$93,876,538	\$	91,109,334	\$ 1,844,803	\$	922,401
Deferment	\$34,020,886	\$	33,024,629	\$ 664,172	\$	332,085

	Total	GR	Federal
Managed Care	33,024,629	11,492,624	21,532,005
CHIP	664,172	161,772	502,400
SMHB	332,085	80,886	251,199
	\$34,020,886	\$11 735 282	\$22 285 604

RANK:	12	OF	22	
IVAINITY.	12	Oi	22	

Department: Social Services Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Withhold Release DI# 1886009 HB Section 11.505, 11.555 and 11.560

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	
Program Distributions	12,698,265		23,160,754				35,859,019			
Total PSD	12,698,265		23,160,754	-		0	35,859,019		0	
Grand Total	12,698,265	0.0	23,160,754	0.0		0 0.0	35,859,019	0.0	0	_
Budget Object Class Lab Class	Gov Rec				Gov Rec		Gov Rec	Gov Rec	Gov Rec	
Budget Object Class/Job Class	GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	OTHER DOLLARS	Gov Rec OTHER FTE	DOLLARS	FTE	One-Time DOLLARS	
Program Distributions	11,735,282		22,285,604				34,020,886			
Total PSD	11,735,282		22,285,604	_		0	34,020,886		0	
Grand Total	11,735,282	0.0	22,285,604	0.0		0 0.0	34,020,886	0.0	0	

Department: Social Services

measures.

Budget Unit: 90551C, 90556C, 88855C Division: MO HealthNet

DI Name: Managed Care Withhold Release

DI# 1886009

HB Section 11.505, 11.555 and 11.560

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

Please see the Managed Care core section for performance

Please see the Managed Care core section for performance measures.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

Please see the Managed Care core section for performance

Please see the Managed Care core section for performance

measures.

measures.

#### 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- · Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.
- Continue to work with community groups, local medical providers, health care associations, schools, etc., regarding access to MO HealthNet
- . Continue to work with MO HealthNet managed care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Managed Care Withhold Release - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	731,926	0.00	664,172	0.00
TOTAL - PD	0	0.00	0	0.00	731,926	0.00	664,172	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$731,926	0.00	\$664,172	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$183,091	0.00	\$161,772	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$548,835	0.00	\$502,400	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
Managed Care Withhold Release - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	365,963	0.00	322,086	0.00
TOTAL - PD	0	0.00	0	0.00	365,963	0.00	322,086	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$365,963	0.00	\$322,086	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$91,546	0.00	\$78,450	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$274,417	0.00	\$243,636	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	20	0.00	20	0.00	ΦU	0.00	₽U	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Managed Care Withhold Release - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	34,761,130	0.00	33,034,628	0.00
TOTAL - PD	0	0.00	0	0.00	34,761,130	0.00	33,034,628	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$34,761,130	0.00	\$33,034,628	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,423,628	0.00	\$11,495,060	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$22,337,502	0.00	\$21,539,568	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00



#### NEW DECISION ITEM RANK: 999

	t: Social Services				Budget Unit V	arious	1			
	IO HealthNet MAP Adjustment		D	I#: 1886022	HB Section V	arious				
1. AMOUN	T OF REQUEST									
		FY 2019 Budg	et Request			FY 20	019 Governor's	Recommendat	ion	
	GR	Federal	Other	Total	E	GR	Federal	Other	Total	E
PS EE			W/D		PS EE					
PSD TRF	0	0	0	0	PSD TRF	0	56,572,419	0	56,572,419	
Total	0	0	0	0	Total	0	56,572,419	0	56,572,419	
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0	
1.00	es budgeted in Hou IoDOT, Highway Pa		HO BEE	s budgeted			use Bill 5 except atrol, and Consei		es budgeted	
Other Funds	s: N/A				Other Funds: N	/A				
2. THIS REC	QUEST CAN BE CA	ATEGORIZED A	S:							
	New Legislation				New Program		F	und Switch		
X	Federal Mandate	1			Program Expansion	_	C	ost to Continue		
	GR Pick-Up				Space Request	_	E	quipment Repla	acement	
	Pay Plan				Other:					

NDI SYNOPSIS: Funding to address the change in the Federal Medical Assistance Percentage (FMAP). This changes the regular rate from 64.26% blended to 65.203% blended and enhanced rate from 74.985% blended to 75.643% blended.

CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs that the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2018, the blended FMAP rate will increase from 64.26% to 65.203%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will increase from 74.985% to 75.643%. As a result, the MO HealthNet Division seeks to continue program core funding at current levels by compensating for this change in federal funding levels. The increased costs of this decision item have an equal offset in the affected program cores as core reductions. The Federal Authority is Social Security Act 1905(b).

RANK: 999

Department: Social Services	<b>Budget Unit</b>	Various	
- opartiment occidi con noco	Duaget Cine	Valledo	

Division: MO HealthNet

DI Name: FMAP Adjustment DI#: 1886022

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Since the federal fiscal year (FFY) does not begin until the second quarter of the state fiscal year (SFY), a SFY blended rate is applied to the SFY core funding. This blended rate is derived by adding the old FFY rate (64.61%) for three months (July thru September) and the new FFY rate (65.40%) for nine months (October thru June) and dividing by 12 months, resulting in a SFY blended rate of 65.203%. This same procedure is applied to the enhanced federal match for the CHIP program and the women with Breast or Cervical Cancer program. The enhanced old FFY rate of 75.23% for three months (July thru September) and the new FFY rate of 75.78% for nine months (October thru June) results in an enhanced SFY blended rate of 75.643%. In order to continue current core funding, these blended rates are applied to the SFY17 core funding resulting in a revised mix of funding sources while maintaining the same total. Based on the review of all program cores and the change in FMAP, the below increases are needed to maintain total funding at the correct level.

Governor's Recommendations: Governor's Recommendations include the updated FMAP percentage that the federal government will use.

			FMAP	NDI		Cor	respondin	g Core Reduct	ions
HB	Program	GR	Federal	Other	Total	GR	Federal	Other	Total
11.435	Pharmacy		\$13,522,978		\$13,522,978	(\$13,522,978)			(\$13,522,978)
11.455	Physician		\$7,999,566		\$7,999,566	(\$7,999,566)			(\$7,999,566)
11.460	Dental		\$73,519		\$73,519	(\$73,519)			(\$73,519)
11.465	Premium Payments		\$4,338,014		\$4,338,014	(\$4,338,014)			(\$4,338,014)
11.470	Home Health		\$42,008		\$42,008	(\$42,008)			(\$42,008)
11.470	Nursing Facility		\$3,355,947		\$3,355,947	(\$3,355,947)			(\$3,355,947)
11.475	Public Passthrough		\$103,265		\$103,265	300		(\$103,265)	(\$103,265)
11.480	Rehab & Specialty		\$146,582		\$146,582	(\$146,582)		AND COMPANY OF THE PARTY	(\$146,582)
11.480	NEMT		\$379,448		\$379,448	(\$379,448)			(\$379,448)
11.482	GEMT		\$1,660,086		\$1,660,086			(\$1,660,086)	(\$1,660,086)
11.490	Complex Rehab Tech		\$108,358		\$108,358	(\$108,358)			(\$108,358)
11.505	Managed Care		\$23,393,776		\$23,393,776	(\$23,393,776)			(\$23,393,776)
11.510	Hospital		\$544,657		\$544,657	(\$544,657)			(\$544,657)
11.520	FQHC		\$52,698		\$52,698	(\$52,698)			(\$52,698)
11.525	Health Home FRA		\$76,243		\$76,243			(\$76,243)	(\$76,243)
11.555	CHIP		\$576,595		\$576,595	(\$576,595)			(\$576,595)
11.560	Show-Me Healthy Babies		\$198,679		\$198,679	(\$198,679)			(\$198,679)
	and the second section of the second section is a second section of the second section of the second section of	\$0	\$56,572,419	\$0	\$56,572,419	(\$54,732,825)	\$0	(\$1,839,594)	(\$56,572,419)

RANK: 999

Department: Social Services
Division: MO HealthNet

Budget Unit Various

DI Name: FMAP Adjustment DI#: 1886022

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	0		0		0		0			
Total PSD	0		0		0		0	-		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0		0
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec	Gov Rec TOTAL	Gov Rec TOTAL	Gov Rec One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	OTHER FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	0		56,572,419		0		56,572,419			
Total PSD	0		56,572,419	1	0		56,572,419			0

RANK: 999

Department: Social Services	
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Budget Unit

Various

Division: MO HealthNet

DI Name: FMAP Adjustment DI#: 1886022

#### 6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional

#### 6a. Provide an effectiveness measure.

Year	Regular F	FP Rates	Enhanced FFP Rates (CHIP Program)				
	FFY	SFY	FFY	SFY			
2010	64.510%	64.180%	75.160%	74.930%			
2011	63.290%	63.595%	74.300%	74.515%			
2012	63.450%	63.410%	74.420%	74.390%			
2013	61.370%	61.890%	72.960%	73.325%			
2014	62.030%	61.865%	73.420%	73.305%			
2015	63.450%	63.095%	74.420%	74.170%			
2016	63.280%	63.323%	74.300%	74.330%			
2017	63.210%	63.228%	74.250%	74.263%			
2018	64.610%	64.260%	75.230%	74.985%			
2019	65.400%	65.203%	75.780%	75.643%			

Since the FMAP adjustments represent a funding source rather than a particular program, measures for the FMAP adjustments are incorporated into the specific MO HealthNet program sections.

6b. Provide an efficiency measure.

N/A

6c. Provide the number of clients/individuals served, if applicable.

N/A

6d. Provide a customer satisfaction measure, if available.

N/A

#### 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- •Maintain flow of federal financial participation in the healthcare arena. (Beyond DSS)
- •The MO HealthNet Division performs detailed projections for all program cores. These projections include adjusting the federal participation level to the percentage in effect for SFY19.

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	13,522,978	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	13,522,978	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$13,522,978	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$13,522,978	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN RELATED PROF								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	7,986,374	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	7,986,374	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$7,986,374	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$7,986,374	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NEONATAL ABSTINENCE SYNDROME								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	13,192	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	13,192	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$13,192	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$13,192	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	73,519	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	73,519	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$73,519	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$73,519	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	4,338,014	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	4,338,014	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$4,338,014	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$4,338,014	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	<b>DEPT REQ</b>	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	42,008	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	42,008	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$42,008	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$42,008	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES	1		9					
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS		0 0.00	0	0.00	0	0.00	3,355,947	0.00
TOTAL - PD		0 0.00	0	0.00	0	0.00	3,355,947	0.00
GRAND TOTAL	\$	0.00	\$0	0.00	\$0	0.00	\$3,355,947	0.00
GENERAL REVENUE	\$	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS		0.00	\$0	0.00	\$0	0.00	\$3,355,947	0.00
OTHER FUNDS	\$	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit Decision Item Budget Object Class	to the second se	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC				
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
LONG TERM SUPPORT PAYMENTS								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	103,265	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	103,265	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$103,265	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$103,265	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
0	0.00	0	0.00	0	0.00	146,582	0.00
0	0.00	0	0.00	0	0.00	146,582	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$146,582	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$146,582	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	ACTUAL DOLLAR  0 0 80 \$0	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE BUDGET FTE  0 0.00 0 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR BUDGET FTE DOLLAR  0 0.00 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 \$0 0.00 \$0 0.00 \$0 \$0 0.00 \$0 0.00 \$0 \$0 0.00 \$0 0.00 \$0	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE DOLLAR FTE DOLLAR FTE DOLLAR GOV REC DOLLAR  0 0.00 0 0.00 0 0.00 0 0.00 146,582 0 0.00 0 0.00 0 0.00 146,582 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$146,582 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$146,582 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$146,582

FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
0	0.00	0	0.00	0	0.00	379.448	0.00
0	0.00	0	0.00	0	0.00	379,448	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$379,448	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$379,448	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	ACTUAL DOLLAR	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE BUDGET FTE  0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE DOLLAR  0 0.00 0 0.00 0 0.00 0 0 0.00 0 0.00 0 \$0 0.00 \$0 0.00 \$0 \$0 0.00 \$0 0.00 \$0 \$0 0.00 \$0 0.00 \$0	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR  0 0.00 0 0.00 0 0.00 0 0.00 379.448 0 0.00 0 0.00 0 0.00 0 0.00 379,448 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$379,448 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$379,448 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$379,448

Budget Unit Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019 GOV REC DOLLAR	FY 2019
Budget Object Class	DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE		GOV REC
GROUND EMER MED TRANSPORT					200113-000			
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	1,660,086	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,660,086	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,660,086	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,660,086	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLGY PROUCTS								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	108,358	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	108,358	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$108,358	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$108,358	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	23,393,776	0.00
TOTAL - PD	C	0.00	0	0.00	0	0.00	23,393,776	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$23,393,776	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$23,393,776	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019 GOV REC FTE
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE				
HOSPITAL CARE								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	544,657	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	544,657	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$544,657	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$544,657	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL BUD	BUDGET	BUDGET	DEPT REQ	DEPT REQ FTE	GOV REC DOLLAR	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR			
FQHC DISTRIBUTION								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	52,698	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	52,698	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$52,698	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$52,698	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FRA HEALTH CARE HOME								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	76,243	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	76,243	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$76,243	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$76,243	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
FMAP Adjustment - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	576,595	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	576,595	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$576,595	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$576,595	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PV 0047	EV 0047	EV 2040	FV 2040	EV 2042	FV 0040	EV 2010	EV 0040
FY 2017	FY 2017	FT 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
0	0.00	0	0.00	0	0.00	198,679	0.00
0	0.00	0	0.00	0	0.00	198,679	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$198,679	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$198,679	0.00
\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	0 0 0 \$0 \$0 \$0	ACTUAL DOLLAR FTE  0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  0 0.00 0 0 0.00 0 \$0 0.00 \$0 \$0 0.00 \$0 \$0 0.00 \$0	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE  0 0.00 0 0.00 0 0.00 0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR BUDGET DOLLAR  O 0.00 0 0.00 0 0.00 0  0 0.00 0 0.00 0 0.00 0  \$0 0.00 \$0 0.00 \$0  \$0 0.00 \$0 0.00 \$0  \$0 0.00 \$0 0.00 \$0  \$0 0.00 \$0 0.00 \$0	ACTUAL DOLLAR BUDGET BUDGET DEPT REQ DEPT REQ DOLLAR FTE  O 0.00 0 0.00 0 0.00 0 0.00  O 0.00 0 0.00 0 0.00  \$0 0.00 \$0 0.00 \$0 0.00  \$0 0.00 \$0 0.00 \$0 0.00  \$0 0.00 \$0 0.00 \$0 0.00  \$0 0.00 \$0 0.00 \$0 0.00	ACTUAL DOLLAR FTE DOLLAR BUDGET FTE DOLLAR FTE DOLLAR FTE DOLLAR FTE DOLLAR  0 0.00 0 0.00 0 0.00 0 0.00 198,679 0 0.00 0 0.00 0 0.00 198,679 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$198,679 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$198,679 \$0 0.00 \$0 0.00 \$0 0.00 \$0 0.00 \$198,679

RANK: 999

	t: Social Services	-			<b>Budget Unit</b>	90512C, 905	22C			
	IO HealthNet Electronic Visit Ver	ification		DI# 1886024	HB Section	11.400, 11.42	20			
1. AMOUN	T OF REQUEST									
	FY	2019 Budge	t Request			FY 201	9 Governor's	Recommend	dation	
	GR	Federal	Other	Total		GR	Federal	Other	Total	
PS	0	0	0	0	PS	39,000	39,000	0	78,000	
EE	0	0	0	0	EE	62,169	538,169	0	600,338	
PSD					PSD					
TRF					TRF					
Total	0	0	0	0	Total	101,169	577,169	0	678,338	
FTE	0.00	0.00	0.00	0.00	FTE	0.50	0.50	0.00	1.00	
Est. Fringe		0	0	0	Est. Fringe	16,977	16,977	0	33,954	
1,711	es budgeted in Hou			(100)	Note: Fringes				2000	
budgeted di	rectly to MoDOT, H	ighway Patrol	and Conserv	ration.	budgeted direc	tly to MoDOT	Г, Highway Pa	trol, and Con:	servation.	
Other Funds	s: N/A				Other Funds: N	N/A				
2. THIS REC	QUEST CAN BE CA	ATEGORIZED	AS:							
	New Legislation			X	Program		ı	Fund Switch		
Х	Federal Mandate		9-		am Expansion	). <del>-</del>		Cost to Contin	nue	
	GR Pick-Up		-		Request	13 <del>-</del>		Equipment Re	eplacement	
	Pay Plan		×-			-				
3 WHY IS	THIS ELINDING NE	EDED2 DD0	VIDE AN EY	DI ANATION	ITEMS CHECKED IN	#2 INCLUE	NE THE FENE	DAL OP STA	TE STATUTO	DPV OP

# 3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The 21st Century CURES Act is designed to improve the quality of care provided to individuals through enhanced quality control, through obtaining data for research and action, and is designed to strengthen mental health parity. Section 12006 of the CURES Act requires states to implement an Electronic Visit Verification (EVV) system for Personal Care services (PC) by 01/01/2019 and for Home Health Care Services (HH) by 01/01/2023. (Public Law 114-255).

The CURES Act (Section 12006(a)(1)(A)) requires that states that do not comply with the CURES Act by the applicable deadlines will have their Federal Medical Assistance Percentage (FMAP) reduced.

Current Missouri statutory requirements align with the time and documentation requirements of the CURES Act, except for the requirement for the state to assimilate the data. Currently, providers and vendors are allowed to use an EVV vendor of their choice (open system). The CURES Act requires the state to either acquire a state system, or an aggregator to assimilate the data, or both.

RANK:	999

Department: Social Services	Budget Unit 90512C, 90522C			
Division: MO HealthNet		· ·		
DI Name: Electronic Visit Verification	DI# 1886024	<b>HB Section</b>	11.400, 11.420	

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The 21st Century CURES Act is designed to improve the quality of care provided to individuals through enhanced quality control, through obtaining data for research and action, and is designed to strengthen mental health parity. Section 12006 of the CURES Act requires states to implement an Electronic Visit Verification (EVV) system for Personal Care services (PC) by 01/01/2019 and for Home Health Care Services (HH) by 01/01/2023. (Public Law 114-255).

The CURES Act (Section 12006(a)(1)(A)) requires that states that do not comply with the CURES Act by the applicable deadlines will have their Federal Medical Assistance Percentage (FMAP) reduced.

Current Missouri statutory requirements align with the time and documentation requirements of the CURES Act, except for the requirement for the state to assimilate the data. Currently, providers and vendors are allowed to use an EVV vendor of their choice (open system.) The CURES Act will require the state either acquire a state system, or acquire an aggregator to assimilate the data, or both. This new EVV system or aggregator will more quickly identify fraudulent billing.

One FTE is required for this request in order to manage the acquisition and management of the procurement and implementation of a state system, aggregator, or both, and for ongoing management of the project. Other FTE will be utilized from existing resources.

	FTE	GR	Fed	Other	Total
<b>EVV Contract</b>		\$62,169	\$538,169	\$0	\$600,338
Social Services Manager	1.0	\$39,000	\$39,000	\$0	\$78,000
		\$101,169	\$577,169		\$678,338

RANK: 999

Department: Social Services Budget Unit 90512C, 90522C

Division: MO HealthNet

DI Name: Electronic Visit Verification DI# 1886024 HB Section 11.400, 11.420

	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	NTIFY ONE-T Dept Req	Dept Req	Dept Req	Dept Req	
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
	0		0		0		0			
Total PS	0		0		0		0		0	
	0		0		0		0			
Total EE	0		0		0	2	0		0	
Program Distributions		120					0			
Total PSD	0	~	0		0		0		0	
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0	
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec	Gov Rec	Gov Rec One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
	39,000	0.5	39,000	0.5			78,000	1.0		
Total PS	39,000	0.5	39,000	0.5	0	0.0	78,000	1.0	0	
	62,169		538,169				600,338			
Total EE	62,169		538,169		0		600,338		0	
Program Distributions							0			
Total PSD	0		0		0		0		0	
Grand Total	101,169	0.5	577,169	0.5	0	0.0	678,338	1.0	0	

RANK: 999

N/A

	ment: Social Services	10	Budget Unit	90512C, 90522C
THE RESERVE OF THE PARTY OF THE	n: MO HealthNet e: Electronic Visit Verification	DI# 1886024	HB Section	11.400, 11.420
PER nding		item has an associated	core, separately id	lentify projected performance with & without additional
6a.	Provide an effectiveness measure.		6b.	Provide an efficiency measure.
	N/A - measures will be provided once pro	gram is devoloped.	N,	/A - measures will be provided once program is devoloped.
6c.	Provide the number of clients/individ	duals served, if	6d.	Provide a customer satisfaction measure, if available.
	N/A - measures will be provided once prog	gram is devoloped.	N/A	- measures will be provided once program is devoloped.

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
MO HEALTHNET ADMIN									
Electronic Visit Verification - 1886024									
SOCIAL SERVICES MNGR, BAND 2	0	0.00	0	0.00	0	0.00	78,000	1.00	
TOTAL - PS	0	0.00	0	0.00	0	0.00	78,000	1.00	
SUPPLIES	0	0.00	0	0.00	0	0.00	294	0.00	
COMPUTER EQUIPMENT	0	0.00	0	0.00	0	0.00	528	0.00	
OFFICE EQUIPMENT	0	0.00	0	0.00	0	0.00	4,516	0.00	
TOTAL - EE	0	0.00	0	0.00	0	0.00	5,338	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$83,338	1.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$41,669	0.50	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0,00	\$41,669	0.50	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
INFORMATION SYSTEMS									
Electronic Visit Verification - 1886024				8					
PROFESSIONAL SERVICES	0	0.00	0	0.00	0	0.00	595,000	0.00	
TOTAL - EE	0	0.00	0	0.00	0	0.00	595,000	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$595,000	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$59,500	0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$535,500	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	



OF

999

999

RANK:

Department: So	cial Services				Budget Unit	90544C, 905	59C, 90574C			
Division: MO He	ealthNet									
DI Name: Health	n Home Expansio	n	DI	#1886026	HB Section	11.455, 11.52	20, 11.525			
1. AMOUNT OF	REQUEST									
	FY 20'	19 Budget R	equest			FY 201	9 Governor's	Recommen	dation	
	GR F	ederal	Other	Total		GR	Federal	Other	Total	
PS EE	· · · · · · · · · · · · · · · · · · ·				PS EE					
PSD TRF	0	0	0	0	PSD TRF	650,412	3,439,504	1,262,564	5,352,480	
Total	0	0	0	0	Total	650,412	3,439,504	1,262,564	5,352,480	
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0	
	idgeted in House I to MoDOT, Highv			/	Note: Fringes budgeted dire	A STATE OF THE PARTY OF THE PAR		and the same and the same of t	The state of the s	
Other Funds: N/A	1				Other Funds:	Federal Reim	oursement All	owance Fund	(0142) - \$1,2	262,564
2. THIS REQUES	ST CAN BE CATE	GORIZED A	S:							
	Legislation	moltum. El al			New Program			Fund Switch		
Fed	eral Mandate			Х	Program Expansion					
GR	Pick-Up		2011		Space Request					
Pav	Plan		-		Other:					

The MO HealthNet' Division is expanding the Primary Care Health Home (PCHH) initiative in Missouri by up to 5,000 new participants. This expansion is proposed to occur on or after July 1, 2018.

A review of Medicaid claims data shows there are areas in Missouri where there are significant numbers of individuals who are potentially eligible for enrollment in PCHH (based on qualifying diagnoses and type of Medicaid coverage) and who are receiving their primary care from providers who do not currently participate in the PCHH. The most recent data show a statewide total of just under 190,000 people who potentially qualify for PCHH enrollment, but are not currently enrolled.

Section 2703 of the ACA provides MO HealthNet the option to pay providers to coordinate care through a "health home" for individuals with chronic conditions. State statute: RSMo. 208.153, 208.201, 660.026; Federal law: Social Security Act Section 1905(a)(2); Federal regulation: 42 CFR 440.210

999

RANK:

Department: Social Services		Budget Unit 90544C, 90559C, 90574C	
Division: MO HealthNet			
DI Name: Health Home Expansion	DI#1886026	HB Section 11.455, 11.520, 11.525	

999

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division is expanding the Primary Care Health Home (PCHH) initiative in Missouri by up to 5,000 new participants. This expansion is proposed to occur on or after July 1, 2018.

A review of Medicaid claims data shows there are areas in Missouri where there are significant numbers of individuals who are potentially eligible for enrollment in PCHH (based on qualifying diagnoses and type of Medicaid coverage) and who are receiving their primary care from providers who do not currently participate in the PCHH. The most recent data shows a statewide total of just under 190,000 people who potentially qualify for PCHH enrollment, but are not currently enrolled.

Section 2703 of the ACA provides MO HealthNet the option to pay providers to coordinate care through a "health home" for individuals with chronic conditions. State statute: RSMo. 208.153, 208.201, 660.026; Federal law: Social Security Act Section 1905(a)(2); Federal regulation; 42 CFR 440.210

GR FF Other Total
Additional 5,000 Health Home Payments \$650,412 \$3,439,504 \$1,262,564 \$5,352,480

RANK: 999 OF 999

 Department: Social Services
 Budget Unit
 90544C, 90559C, 90574C

 Division: MO HealthNet
 DI Name: Health Home Expansion
 DI#1886026
 HB Section
 11.455, 11.520, 11.525

5. BREAK DOWN THE REQUEST BY										_
	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	Е
Program Distributions							0			
Total PSD	0		0		0		0		0	
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0	
	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	
	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec	Gov Rec	Gov Rec One-Time	
Budget Object Class/Job Class										E
Budget Object Class/Job Class Program Distributions	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	E
	GR DOLLARS	GR	FED DOLLARS	FED	OTHER DOLLARS	OTHER	TOTAL DOLLARS	TOTAL	One-Time	E

NEW	DECISION	ITEM
IAFFAA	DEGISION	1 1 - 141

	RANK:	OF	
Departn	nent: Social Services	Budget Unit	90544C, 90559C, 90574C
	n: MO HealthNet		
DI Nami	e: Health Home Expansion DI#1886026	HB Section	11.455, 11.520, 11.525
6. PERI funding	FORMANCE MEASURES (If new decision item has an asso	ciated core, separately ic	lentify projected performance with & without additional
6a.	Provide an effectiveness measure.	6b.	Provide an efficiency measure.
	MHD is working on projected savings assoicated with expand Health Home program.		s working on projected savings assoicated with expanding ealth Home program.
6c.	Provide the number of clients/individuals served, if applicable.	6d.	Provide a customer satisfaction measure, if available.
	N/A	N/A	

# 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN RELATED PROF								
Health Home Expansion - 1886026								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	1,055,204	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,055,204	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,055,204	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$377,130	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$678,074	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FQHC DISTRIBUTION								TI
Health Home Expansion - 1886026								
PROGRAM DISTRIBUTIONS	٥	0.00	0	0.00	0	0.00	764,640	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	764,640	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$764,640	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$273,282	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$491,358	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FRA HEALTH CARE HOME								
Health Home Expansion - 1886026								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	3,532,636	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	3,532,636	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$3,532,636	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$2,270,072	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,262,564	0.00

#### CORE DECISION ITEM

Department: Social Services

Budget Unit:

90512C

Division: MO HealthNet

**HB Section:** 

11.400

Core: MO HealthNet Administration

	1.	CORE	FINANCIAL	SUMMARY
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	FY 2019 Budg	et Request			FY 20	19 Governor's	Recommendati	оп
GR	Federal	Other	Total	E	GR	Federal	Other	Total E
2,643,430	5,548,030	1,877,457	10,068,917	PS	2,643,430	5,548,030	1,877,457	10,068,917
693,067	3,333,713	607,162	4,633,942	EE	693,067	3,333,713	607,162	4,633,942
699	1,030	0	1,729	PSD	699	1,030	0	1,729
				TRF				
3,337,196	8,882,773	2,484,619	14,704,588	Total	3,337,196	8,882,773	2,484,619	14,704,588
64.12	115.97	45.61	225.70	FTE	64.12	115.97	45.61	225.70
	2,643,430 693,067 699 <b>3,337,196</b>	GR         Federal           2,643,430         5,548,030           693,067         3,333,713           699         1,030           3,337,196         8,882,773	2,643,430 5,548,030 1,877,457 693,067 3,333,713 607,162 699 1,030 0 3,337,196 8,882,773 2,484,619	GR         Federal         Other         Total           2,643,430         5,548,030         1,877,457         10,068,917           693,067         3,333,713         607,162         4,633,942           699         1,030         0         1,729           3,337,196         8,882,773         2,484,619         14,704,588	GR         Federal         Other         Total         E           2,643,430         5,548,030         1,877,457         10,068,917         PS           693,067         3,333,713         607,162         4,633,942         EE           699         1,030         0         1,729         PSD           TRF           3,337,196         8,882,773         2,484,619         14,704,588         Total	GR         Federal         Other         Total         E         GR           2,643,430         5,548,030         1,877,457         10,068,917         PS         2,643,430           693,067         3,333,713         607,162         4,633,942         EE         693,067           699         1,030         0         1,729         PSD         699           TRF           3,337,196         8,882,773         2,484,619         14,704,588         Total         3,337,196	GR         Federal         Other         Total         E         GR         Federal           2,643,430         5,548,030         1,877,457         10,068,917         PS         2,643,430         5,548,030           693,067         3,333,713         607,162         4,633,942         EE         693,067         3,333,713           699         1,030         0         1,729         PSD         699         1,030           TRF           3,337,196         8,882,773         2,484,619         14,704,588         Total         3,337,196         8,882,773	GR         Federal         Other         Total         E         GR         Federal         Other           2,643,430         5,548,030         1,877,457         10,068,917         PS         2,643,430         5,548,030         1,877,457           693,067         3,333,713         607,162         4,633,942         EE         693,067         3,333,713         607,162           699         1,030         0         1,729         PSD         699         1,030         0           TRF         7

Est. Fringe 1,369,284		2,686,091	973,217	5,028,593
Note: Fringes I	budgeted in Hous	e Bill 5 except for	certain fringes bu	idgeted
		rol, and Conservat		-

Est. Fringe	0	0	0	0
Note: Fringes budg	geted in House E	Bill 5 except for c	ertain fringes bud	dgeted
directly to MoDOT,	Highway Patrol.	and Conservation	on.	-

#### Other Funds:

Pharmacy Reimbursement Allowance Fund (0144) - \$26,958

Health Initiatives Fund (HIF) (0275) - \$471,717

Nursing Facility Quality of Care Fund (NFQC) (0271) - \$96,313

Third Party Liability Collections Fund (TPL) (0120) - \$886,469

MO Rx Plan Fund (0779) - \$355,804

Federal Reimbursement Allowance Fund (FRA) (0142) - \$105,369

Ambulance Service Reimbursement Allowance Fund (0958) - \$21,845

Ground Emergency Medical Transportation Fund (GEMT) (0422) - \$45,189

Pharmacy Rebates Fund (0114) - \$474,955

### Other Funds:

Pharmacy Reimbursement Allowance Fund (0144) - \$26,958

Health Initiatives Fund (HIF) (0275) - \$471,717

Nursing Facility Quality of Care Fund (NFQC) (0271) - \$96,313

Third Party Liability Collections Fund (TPL) (0120) - \$886,469

MO Rx Plan Fund (0779) - \$355,804

Federal Reimbursement Allowance Fund (FRA) (0142) - \$105.369

Ambulance Service Reimbursement Allowance Fund (0958) - \$21,845

Ground Emergency Medical Transportation Fund (GEMT) (0422) - \$45,189

Pharmacy Rebates Fund (0114) - \$474,955

#### 2. CORE DESCRIPTION

The MO HealthNet Administration appropriation provides funding for the salaries and associated expense and equipment for the Central Office management and support staff. Funding from this appropriation is also used to support the ongoing expense and equipment costs. MO HealthNet Division staff assists participants as well as providers.

## 3. PROGRAM LISTING (list programs included in this core funding)

### CORE DECISION ITEM

Department: Social Services

**Budget Unit:** 

90512C

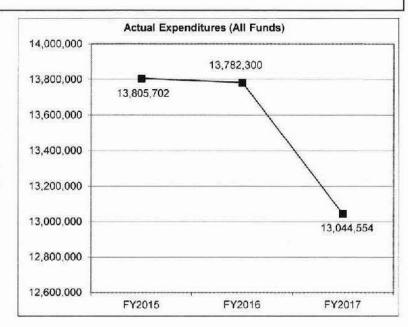
Division: MO HealthNet

**HB Section:** 

11.400

Core: MO HealthNet Administration

	FY2015 Actual	FY2016 Actual	FY2017 Actual	FY2018 Current Yr.
Appropriation (All Funds)	14,716,493	14,447,800	14,644,054	14,714,448
Less Reverted (All Funds)	(120, 141)	(113,338)	(115, 163)	(114,500)
Less Restricted (All Funds)		-	*	X : : : : : : : : : : : : : : : : : : :
Budget Authority (All Funds)	14,596,352	14,334,462	14,528,891	14,599,948
Actual Expenditures (All Funds)	13,805,702	13,782,300	13,044,554	N/A
Unexpended (All Funds)	790,650	552,162	1,484,337	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	206,849	436,359	1,123,742	N/A
Other	583,801	115,776	274,615	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

- (1) There were agency reserves of \$356 Pharmacy Reimbursement Allowance Fund.
- (2) There were agency reserves of \$44,283 Federal, \$26,441 Pharmacy Reimbursement Allowance Fund, and \$55,553 MORx Fund.
- (3) There were agency reserves of \$60,000 Federal and \$26,958 Pharmacy Reimbursement Allowance Fund.

## CORE RECONCILIATION DETAIL

# DEPARTMENT OF SOCIAL SERVICES MO HEALTHNET ADMIN

## 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation	
TAFP AFTER VETO	ES									
			PS	225.86	2,651,172	5,548,030	1,877,457	10,076,659		
			EE	0.00	693,067	3,338,643	612,092	4,643,802		
			PD	0.00	699	1,030	0	1,729		
			Total	225.86	3,344,938	8,887,703	2,489,549	14,722,190	Y 	
DEPARTMENT COR	RE ADJI	USTME	NTS							
1x Expenditures	1621	0215	EE	0.00	0	(4,930)	0	(4,930)	One-time E&E reduction (GEMT NDI)	
1x Expenditures	1621	3101	EE	0.00	0	0	(4,930)	(4,930)	One-time E&E reduction (GEMT NDI)	
Transfer Out	976	6376	PS	(0.16)	(7,742)	0	0	(7,742)	Transfer to HB 12 - Gov Office	
Core Reallocation	444	1753	PS	(0.00)	0	0	0	0		
Core Reallocation	444	6376	PS	(0.00)	0	0	0	0		
Core Reallocation	444	6378	PS	(0.00)	0	0	0	(0)		
Core Reallocation	444	1670	PS	0.00	0	0	0	(0)		
Core Reallocation	444	6889	PS	(0.00)	0	0	0	0		
Core Reallocation	444	7366	PS	0.00	0	0	0	(0)		
Core Reallocation	444	2849	PS	(9.04)	0	0	(419,402)	(419,402)		
Core Reallocation	444	6884	PS	(0.00)	0	0	0	0		
Core Reallocation	444	2382	PS	9.04	0	0	419,402	419,402		
Core Reallocation	444	1387	PS	(0.00)	0	0	0	0		

## **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES MO HEALTHNET ADMIN

## 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT COF	RF AD.II	ISTME	NTS						•
Core Reallocation	628	2850	EE	0.00	0	0	(55,553)	(55,553)	Core reallocations will more closely align budget with planned expenditures.
Core Reallocation	628	2383	EE	0.00	0	0	55,553	55,553	Core reallocations will more closely align budget with planned expenditures.
NET DE	PARTI	IENT C	HANGES	(0.16)	(7,742)	(4,930)	(4,930)	(17,602)	
DEPARTMENT COR	RE REQ	UEST							
			PS	225.70	2,643,430	5,548,030	1,877,457	10,068,917	
			EE	0.00	693,067	3,333,713	607,162	4,633,942	
			PD	0.00	699	1,030	0	1,729	
			Total	225.70	3,337,196	8,882,773	2,484,619	14,704,588	
GOVERNOR'S REC	OMMEN	NDED (	CORE						
			PS	225.70	2,643,430	5,548,030	1,877,457	10,068,917	
			EE	0.00	693,067	3,333,713	607,162	4,633,942	
			PD	0.00	699	1,030	0	1,729	
			Total	225.70	3,337,196	8,882,773	2,484,619	14,704,588	

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
PERSONAL SERVICES								
GENERAL REVENUE	2,593,084	56.14	2,651,172	64.28	2,643,430	64.12	2,643,430	64.12
DEPT OF SOC SERV FEDERAL & OTH	5,444,863	120.50	5,548,030	115.97	5,548,030	115.97	5,548,030	115.97
PHARMACY REBATES	0	0.00	0	0.00	419,402	9.04	419,402	9.04
THIRD PARTY LIABILITY COLLECT	398,522	8.85	398,428	12.29	398,428	12.29	398,428	12.29
FEDERAL REIMBURSMENT ALLOWANCE	97,517	2.15	97,661	2.00	97,661	2.00	97,661	2.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	26,602	0.50	26,602	0.50	26,602	0.50
NURSING FAC QUALITY OF CARE	52,368	1.19	86,032	2.45	86,032	2.45	86,032	2.45
HEALTH INITIATIVES	417,419	9.24	430,332	9.87	430,332	9.87	430,332	9.87
GROUND EMERG MEDICAL TRANSPRT	0	0.00	44,817	1.00	44,817	1.00	44,817	1.00
MISSOURI RX PLAN FUND	588,281	12.21	775,206	17.00	355,804	7.96	355,804	7.96
AMBULANCE SERVICE REIMB ALLOW	18,376	0.37	18,379	0.50	18,379	0.50	18,379	0.50
TOTAL - PS	9,610,430	210.65	10,076,659	225.86	10,068,917	225.70	10,068,917	225.70
EXPENSE & EQUIPMENT								
GENERAL REVENUE	672,955	0.00	693,067	0.00	693,067	0.00	693,067	0.00
DEPT OF SOC SERV FEDERAL & OTH	2.211,531	0.00	3,338,643	0.00	3,333,713	0.00	3,333,713	0.00
PHARMACY REBATES	0	0.00	0	0.00	55,553	0.00	55,553	0.00
THIRD PARTY LIABILITY COLLECT	488,040	0.00	488,041	0.00	488,041	0.00	488,041	0.00
FEDERAL REIMBURSMENT ALLOWANCE	7,708	0.00	7,708	0.00	7,708	0.00	7,708	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	356	0.00	356	0.00	356	0.00
NURSING FAC QUALITY OF CARE	10,281	0.00	10,281	0.00	10,281	0.00	10,281	0.00
HEALTH INITIATIVES	40,143	0.00	41,385	0.00	41,385	0.00	41,385	0.00
GROUND EMERG MEDICAL TRANSPRT	0	0.00	5.302	0.00	372	0.00	372	0.00
MISSOURI RX PLAN FUND	0	0.00	55,553	0.00	0	0.00	0	0.00
AMBULANCE SERVICE REIMB ALLOW	3,466	0.00	3,466	0.00	3,466	0.00	3,466	0.00
TOTAL - EE	3,434,124	0.00	4,643,802	0.00	4,633,942	0.00	4,633,942	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	699	0.00	699	0.00	699	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,030	0.00	1,030	0.00	1,030	0.00
TOTAL - PD	0	0.00	1,729	0.00	1,729	0.00	1,729	0.00
TOTAL	13,044,554	210.65	14,722,190	225.86	14,704,588	225.70	14,704,588	225.70

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Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
Pay Plan - 0000012								
PERSONAL SERVICES								
GENERAL REVENUE	0	0.00		0.00	0	0.00	34,791	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00		0.00	0	0.00	62,726	0.00
PHARMACY REBATES	0	0.00		0.00	0	0.00	4,344	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00		0.00	0	0.00	6,366	0.00
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00		0.00	0	0.00	918	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00		0.00	0	0.00	325	0.00
NURSING FAC QUALITY OF CARE	0	0.00		0.00	0	0.00	1,296	0.00
HEALTH INITIATIVES	0	0.00		0.00	0	0.00	4,722	0.00
GROUND EMERG MEDICAL TRANSPRT	0	0.00		0.00	0	0.00	650	0.00
MISSOURI RX PLAN FUND	0	0.00		0.00	0	0.00	4,043	0.00
AMBULANCE SERVICE REIMB ALLOW	0	0.00		0.00	0	0.00	208	0.00
TOTAL - PS	0	0.00	-	0.00	0	0.00	120,389	0.00
TOTAL	0	0.00		0.00	0	0.00	120,389	0.00
Electronic Visit Verification - 1886024								
PERSONAL SERVICES								
GENERAL REVENUE	0	0.00		0.00	0	0.00	39,000	0.50
DEPT OF SOC SERV FEDERAL & OTH	0			0.00	0		39,000	0.50
TOTAL - PS	0	0.00	_	0.00	- 0	1000000	78,000	1.00
EXPENSE & EQUIPMENT	5.00	7.55.0.55.055.0		TO	3.754	)/25/70/T//		17/19-252
GENERAL REVENUE	0	0.00		0.00	0	0.00	2,669	0.00
DEPT OF SOC SERV FEDERAL & OTH	Ö	0.00		0.00	0	0.00	2,669	0.00
TOTAL - EE	0			0.00	0		5,338	0.00
TOTAL	0	0.00	( <del>-</del>	0.00	0	0.00	83,338	1.00
Advancing MMIC To be 1 and 4000005								
Advancing MMIS Technology - 1886025								
PERSONAL SERVICES	<u> </u>			0.00		0.00	047.704	3 53
GENERAL REVENUE	0	0.00		0.00	0		217,724	3.50
DEPT OF SOC SERV FEDERAL & OTH	0	0.00		0.00	0	0.00	217,724	3.50
TOTAL - PS	0	0.00	,	0.00	0	0.00	435,448	7.00
EXPENSE & EQUIPMENT		100		19799		2322	102 242	100
GENERAL REVENUE	0	0.00		0.00	0	0.00	18,683	0 00

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Secretary and Company of the Company								
Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
Advancing MMIS Technology - 1886025								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH		0.00	0	0.00	0	0.00	18,683	0.00
TOTAL - EE		0.00	0	0.00	0	0.00	37,366	0.00
TOTAL		0.00	0	0.00	0	0.00	472,814	7.00
GRAND TOTAL	\$13,044,55	4 210.65	\$14,722,190	225.86	\$14,704,588	225.70	\$15,381,129	233.70

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
OFFICE SUPPORT ASST (CLERICAL)	939	0.04	24,757	1.00	25,922	0.99	25,922	0.99
ADMIN OFFICE SUPPORT ASSISTANT	196,872	6.49	215,569	6.00	210,183	7.00	210,183	7,00
OFFICE SUPPORT ASSISTANT	46,252	1.95	80,287	2.00	47,393	2.02	47,393	2.02
SR OFFICE SUPPORT ASSISTANT	179,573	6.91	315,552	9.00	175,088	7.43	175,088	7.43
BUYER III	16,107	0.35	0	0.00	672	0.01	672	0.01
ACCOUNT CLERK II	30,588	1.15	134,021	5.00	30,629	1.27	30,629	1.27
AUDITOR II	108,199	2.84	153,179	4.00	108,199	3.16	108,199	3.16
AUDITOR I	152,921	4.36	167,509	4.00	152,844	4.37	152,844	4.37
SENIOR AUDITOR	194,777	4.59	297,819	7.00	267,100	6.16	267,100	6.16
ACCOUNTANT I	16,612	0.50	63,194	2.00	16,613	0.50	16,613	0.50
ACCOUNTANT III	151,926	3.51	174,502	4.00	151,926	3 52	151,926	3.52
BUDGET ANAL II	5,703	0.12	0	0.00	40,961	1.00	40,961	1.00
ACCOUNTING CLERK	46.502	1.82	0	0.00	46,408	1.82	46,408	1.82
ACCOUNTING GENERALIST I	56,520	1.82	0	0.00	56,520	1.84	56,520	1.84
ACCOUNTING GENERALIST II	17,820	0.49	0	0.00	17,820	0.55	17,820	0.55
PERSONNEL OFFICER	45,949	1.00	42,976	1.00	46,048	1.02	46,048	1.02
PERSONNEL ANAL I	5,096	0.16	0	0.00	5,096	0.17	5,096	0.17
PUBLIC INFORMATION SPEC I	10,591	0.27	0	0.00	39,591	1.00	39,591	1.00
EXECUTIVE II	0	0.00	36,920	1.00	0	0.00	0	0.00
MANAGEMENT ANALYSIS SPEC II	427,731	9.57	442,213	10.00	443,285	10.00	443,285	10.00
HEALTH PROGRAM REP III	0	0.00	1	0.00	0	0.00	0	0.00
ADMINISTRATIVE ANAL I	30,492	0.84	0	0.00	42,165	1.00	42,165	1.00
PHYSICIAN	122,276	1.00	122,295	1.00	122,276	1.00	122,276	1.00
REGISTERED NURSE - CLIN OPERS	310,696	5.43	253,811	4.00	343,310	6.00	343,310	6.00
PROGRAM DEVELOPMENT SPEC	693,126	16.56	588,554	14.00	693,126	16.56	693,126	16.56
MEDICAID PROGRAM RELATIONS REP	121,377	2.88	196,024	5.00	121,377	2.91	121,377	2.91
CORRESPONDENCE & INFO SPEC	580,754	16.32	627,482	17.50	598,356	16.93	598,356	16.93
MEDICAID PHARMACEUTICAL TECH	230,537	6.91	231,290	7.00	240,537	7.00	240,537	7.00
MEDICAID CLERK	233,229	8.02	269,392	10.00	234,054	8.08	234,054	8.08
MEDICAID TECHNICIAN	763,731	22.95	974,684	26.66	798,889	24.11	798,889	24.11
MEDICAID SPEC	1,064,511	27.18	1,043,516	27.62	1,070,281	27.37	1,070,281	27.37
MEDICAID UNIT SPV	237,618	5.31	563,902	8.00	257,618	6.02	257,618	6.02

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Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
FISCAL & ADMINISTRATIVE MGR B1	305,211	6.01	355,197	7.00	333,523	6.81	333,523	6.81
FISCAL & ADMINISTRATIVE MGR B2	427,625	6.61	391,255	6.00	431,865	6.96	431,865	6.96
RESEARCH MANAGER B1	0	0.00	56,564	1.00	0	0.00	0	0.00
SOCIAL SERVICES MGR, BAND 1	245,861	4.77	102,087	2.00	245,861	4.78	245,861	4.78
SOCIAL SERVICES MNGR, BAND 2	615,334	10.48	734,265	13.00	651,730	13.22	651,730	13.22
DESIGNATED PRINCIPAL ASST DEPT	19,430	0.25	D	0.00	19,430	0.25	19,430	0.25
DIVISION DIRECTOR	162,800	1.02	209,452	1.00	162,800	1.04	162,800	1.04
DEPUTY DIVISION DIRECTOR	49,034	0.54	92,210	1.00	99,034	1.00	99,034	1.00
DESIGNATED PRINCIPAL ASST DIV	255,574	2.93	94,950	1.08	255,574	2.95	255,574	2.95
LEGAL COUNSEL	78,723	1.05	74,255	1.00	78,723	1.06	78,723	1.06
CLERK	13,179	0.51	0	0.00	15,716	0.53	15,716	0.53
DATA PROCESSING CONSULTANT	6,557	0.08	0	0.00	6,557	0.09	6,557	0.09
MISCELLANEOUS TECHNICAL	181	0.00	0	0.00	181	0.00	181	0.00
MISCELLANEOUS PROFESSIONAL	33,768	0.37	0	0.00	33,768	0.39	33,768	0.39
SPECIAL ASST OFFICIAL & ADMSTR	41,055	0.35	0	0.00	41,055	0.35	41,055	0.35
SPECIAL ASST PROFESSIONAL	1,189,611	13.08	836,946	13.00	1,189,611	13.31	1,189,611	13.31
SPECIAL ASST OFFICE & CLERICAL	57,175	1.15	110,029	3.00	83,747	1.79	83,747	1.79
REGISTERED NURSE	7,750	0.09	0	0.00	15,455	0.36	15,455	0.36
CHIEF OPERATING OFFICER	2,537	0.02	0	0.00	0	0.00	0	0.00
TOTAL - PS	9,610,430	210.65	10,076,659	225.86	10,068,917	225.70	10,068,917	225.70
TRAVEL, IN-STATE	4,017	0.00	5,370	0.00	5,370	0.00	5,370	0.00
TRAVEL, OUT-OF-STATE	6,453	0.00	3,786	0.00	6,786	0.00	6,786	0.00
SUPPLIES	319,876	0.00	393.595	0.00	384,809	0.00	384,809	0.00
PROFESSIONAL DEVELOPMENT	23,732	0.00	45,576	0.00	45,576	0.00	45,576	0.00
COMMUNICATION SERV & SUPP	78,727	0.00	90,000	0.00	90,000	0.00	90,000	0.00
PROFESSIONAL SERVICES	2,963,062	0.00	4,054,243	0.00	4,059,951	0.00	4,059,951	0.00
M&R SERVICES	13,276	0.00	5,000	0.00	5,000	0.00	5,000	0.00
COMPUTER EQUIPMENT	0	0.00	1,478	0.00	0	0.00	0	0.00
OFFICE EQUIPMENT	7,034	0.00	25,456	0.00	17,152	0.00	17,152	0.00
OTHER EQUIPMENT	14,589	0.00	2,462	0.00	2,462	0.00	2,462	0.00
PROPERTY & IMPROVEMENTS	1,410	0.00	6,241	0.00	6,241	0.00	6,241	0.00
BUILDING LEASE PAYMENTS	0	0.00	900	0.00	900	0.00	900	0.00

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Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ	<b>GOV REC</b>	GOV REC FTE
Budget Object Class	DOLLAR	FTE	DOLLAR			FTE	DOLLAR	
MO HEALTHNET ADMIN								
CORE								
<b>EQUIPMENT RENTALS &amp; LEASES</b>	0	0.00	2,449	0.00	2,449	0.00	2,449	0.00
MISCELLANEOUS EXPENSES	1,948 3,434,124	0.00	7,246 4,643,802	0.00	7,246 4,633,942 1,729 1,729	0.00	7,246 4,633,942 1,729 1,729	0.00
TOTAL - EE				0.00				0.00
PROGRAM DISTRIBUTIONS	0	0.00	1,729	0.00				0.00
TOTAL - PD	0	0.00	1,729	0.00		0.00		0.00
GRAND TOTAL	\$13,044,554	210.65	\$14,722,190	225.86	\$14,704,588	225.70	\$14,704,588	225.70
GENERAL REVENUE	\$3,266,039	56.14	\$3,344,938	64.28	\$3,337,196	64.12	\$3,337,196	64.12
FEDERAL FUNDS	\$7,656,394	120.50	\$8,887,703	115.97	\$8,882,773	115.97	\$8,882,773	115.97
OTHER FUNDS	\$2,122,121	34.01	\$2,489,549	45.61	\$2,484,619	45.61	\$2,484,619	45.61

Department: Social Services HB Section: 11.400

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

#### 1a. What strategic priority does this program address?

Ensure access to coverage

### 1b. What does this program do?

#### **Program Statistics**

In order to efficiently operate the \$10.65 billion MO HealthNet program (also known as Missouri Medicaid), across four state departments, the MO HealthNet Division effectively utilizes its appropriated staff. The MO HealthNet Division staff account for less than 0.42% of total state employees while the MO HealthNet program comprised 38.4% of the total FY 2017 state operating budget of \$27.7 billion. The administrative portion of the budget (Personal Services and Expense and Equipment) comprised less than 0.2% of the division's total budget. As of June 2017, there were a total of 983,835 participants enrolled in MO HealthNet; of those, 733,120 were in capitated managed care and 250,715 were in the fee-for-service programs. MO HealthNet Division staff assist participants as well as providers.

#### **Program Goals**

The MO HealthNet Division seeks to aid participants and providers in their efforts to access MO HealthNet programs by utilizing administrative staffing, expense and equipment, and contractor resources efficiently and effectively.

#### **Program Objectives**

- · To purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri
- To assure quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants
- · To be fiscally accountable for maximum and appropriate utilization of resources

#### Additional Details

Administrative expenditures for the division consist of Personal Services and Expense and Equipment. These expenditures are driven by the operational demands of supporting the MO HealthNet program. The division operates both a fee-for-service program and a managed care program.

Approximately 83% of the division's Expense and Equipment expenditures comprise of payments to contractors for professional services including, but not limited to, actuarial services; contracts with health care professionals to conduct utilization claim reviews to determine medical necessity of services; and services of an external quality reviewer as required by federal law. The remaining 17% of administrative Expense and Equipment expenditures support MO HealthNet staff for such routine operational expenses as supplies, postage, and office equipment.

The Division's personal services are structured into five major sections: (1) Administration; (2) Finance; (3) Program Operations (including Managed Care); (4) Evidenced-Based Decision Support; and (5) Information Systems.

#### Administration

Establishes goals, objectives, policies, and procedures; provides overall guidance and direction; coordinates legislative guidance on MO HealthNet issues; and completes final review of the budget and State Plan Amendments.

Department: Social Services HB Section: 11.400

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

#### Finance

Financial Operations and Recoveries Unit - Manages the financial and recovery procedures of the division; creates internal expenditure reports; prepares adjustments to claims; receives and deposits payments; manages provider account receivables and IRS 1099 information; manages lock box, automatic withdrawals and cash deposits for Child Health Insurance Program (CHIP) and spenddown pay-in cases; administers a program to offset MO HealthNet expenditures when participants have third party coverage; serves as a liaison with Missouri Medicaid Audit and Compliance (MMAC); and provides audit support. Cost recovery operations are addressed in the Third Party Liability (TPL) Contract section and administration of Medicare Buy-In and Health Insurance Premium Payment (HIPP) programs are addressed in the Premium payment section.

Budget, Analysis and Rate Development Unit - Develops capitation rates with an actuary for the MO HealthNet Managed Care Program and Non-Emergency Medical Transportation (NEMT); prepares federal budget neutrality reports; develops and tracks the division's annual budget request; prepares fiscal notes and program projections; prepares quarterly estimates and expenditure reports required by the Centers for Medicare and Medicaid Services (CMS); prepares legislative bill reviews; processes accounts payable for the division; and administers the pharmacy and ambulance tax.

Institutional Reimbursement - Calculates hospital inpatient and outpatient rates and Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) reimbursements; sets nursing home reimbursement rates; and administers hospital, nursing facility, and Independent Care Facilities for individuals with Intellectual Disabilities (ICF/ID) provider taxes.

## Program Operations

Managed Care - Oversees contract compliance of three health plans; develops and operates the Managed Care Program; supports Managed Care enrollment; and works with providers and participants to increase access and improve health outcomes.

Clinical Services Program Management - Provides day-to-day oversight of MO HealthNet benefit programs; provides Provider Education; creates cost containment initiatives and clinical policy tools to enhance efforts to provide appropriate quality medical care to participants; operationalizes recommendations made by the Evidence-Based Decision Support team; and oversees external call center and resolves claim reimbursement inquiries.

Program Operations and Waivers - Develops, monitors and evaluates federal waiver programs; coordinates School District Administration Claiming (SDAC) to ensure comprehensive preventative health care program for MO HealthNet eligible children; and monitors and evaluates the non-emergency transportation contracted vendor.

Pharmacy - Oversees outpatient prescription drug reimbursement for MO HealthNet participants; oversees contracts with outside vendors for pharmacy program activities; collects repates from pharmaceutical manufacturers; and provides program oversight for Missouri's Pharmacy Assistance Program known as MORx.

## Evidence-Based Decision Support

Evidence-Based Decision Support - Develops strategies to improve the health status of MO HealthNet participants; assesses quality of care provided under Managed Care and Fee-For-Service; develops and supports evidence-based clinical decisions; and manages the patient-centered medical home program. This section is led by the MO HealthNet medical director.

Key projects in FY2018 include, in part:

Diabetes Prevention Program: The goal of this new initiative is to improve health outcomes for the adult population at risk for developing diabetes by managing obesity and associated co-morbidities.

Department: Social Services HB Section: 11.400

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

#### Information Services

Information Systems – Manages the primary claims processing system known as the Medicaid Management Information System (MMIS). MO HealthNet also manages a clinical management services system for pharmacy and prior authorization. These systems process over 100 million claims and Managed Care encounters annually. The current contracts for these systems were amended to go through June 30, 2020. The Division has evaluated the options for the future of these systems and determined that a replacement of the MMIS is the best option. The Division is currently developing requests for proposals to procure a replacement MMIS. The Division also has determined that a separate enterprise data warehouse would better serve the business intelligence and data analytics needs of the entire Medicaid program and is working towards procurement of a solution.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

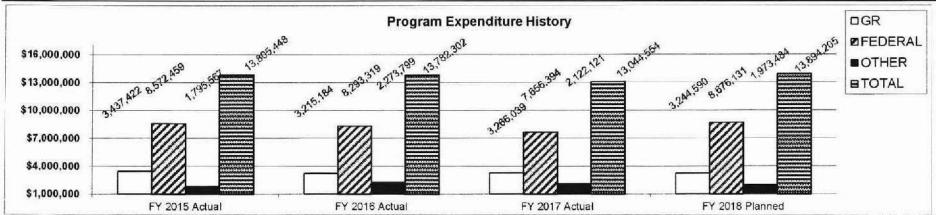
## 3. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match. However, certified medical staff credential positions earn 75% federal match. Certain services through contracted vendors, earn 75% or 90% federal match.

## 4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the MO HealthNet State Plan.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 planned is net of reverted and reserved.

Department: Social Services

HB Section: 11.400

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

## 6. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Third Party Liability Collections Fund (0120), Nursing Facility Quality of Care Fund (0271), Health Initiatives Fund (0275), Pharmacy Reimbursement Allowance Fund (0144), Missouri Rx Plan Fund (0779), Ambulance Service Reimbursement Allowance Fund (0958), and Ground Emergency Medical Transportation Fund (0422).

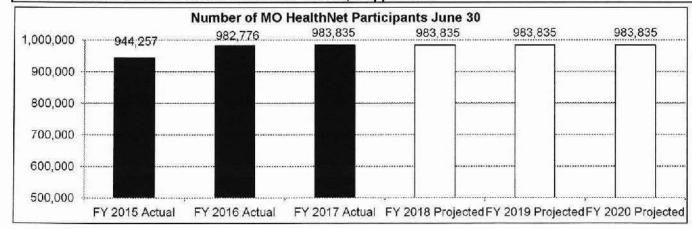
### 7a. Provide an effectiveness measure.

MO HealthNet Administration supports all division programs. Effectiveness measures can be found in the Program sections.

## 7b. Provide an efficiency measure.

MO HealthNet Administration supports all division programs. Efficiency measures can be found in the Program sections.

## 7c. Provide the number of clients/individuals served, if applicable.



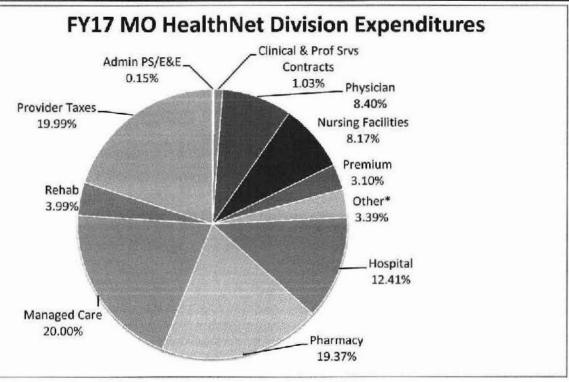
Department: Social Services

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

HB Section: 11.400

## 7d. Provide a customer satisfaction measure, if available.



\*Other includes HI-TECH grants (PD only), Dental, Home Health, Long Term Support UPL, NEMT, FQHC Distribution, Health Care Home FRA, Women's Health, CHIP, Show-Me Healthy Babies, School District Claiming, and Blind Pension



#### CORE DECISION ITEM

Department: Social Services

**Budget Unit:** 

90516C

Division: MO HealthNet

Core: Clinical Services Program Management

**HB Section:** 

11.405

145		FY 2019 Budg	et Request		- X	FY 2	019 Governor's F	Recommendation	on
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS EE PSD	461,917	12,214,032	2,485,506	15,161,455	PS EE PSD	461,917	12,214,032	2,485,506	15,161,455
TRF Total	461,917	12,214,032	2,485,506	15,161,455	TRF Total	461,917	12,214,032	2,485,506	15,161,455
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
	(175)	e Bill 5 except for rol, and Conserva	A DOMESTIC STATE OF THE PARTY O	udgeted	0.00		se Bill 5 except for rol, and Conserva	- (BREW) (10 MIN. BREW) - (10 MIN. 10	oudgeted

Other Funds: Third Party Liability Collections (TPL) Fund (0120) - \$924,911

MO Rx Plan Fund (0779) - \$62,947

Pharmacy Rebates Fund (0114) - \$1,497,648

Other Funds: Third Party Liability Collections (TPL) Fund (0120) - \$924,911

MO Rx Plan Fund (0779) - \$62,947

Pharmacy Rebates Fund (0114) - \$1,497,648

## 2. CORE DESCRIPTION

This item funds contractor costs that support the pharmacy and clinical services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The MO HealthNet Division seeks to aid participants and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

## 3. PROGRAM LISTING (list programs included in this core funding)

Clinical Services Program Management Missouri Rx Program

## CORE DECISION ITEM

Department: Social Services

**Budget Unit:** 

90516C

Division: MO HealthNet

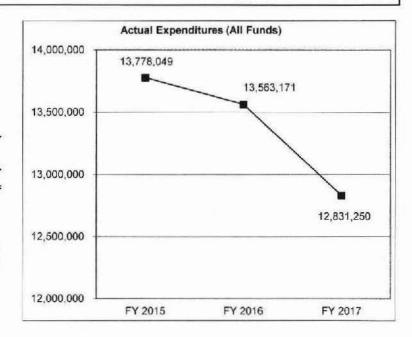
Core: Clinical Services Program Management

**HB Section:** 

11.405

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	17,775.692	15,161,455	15,161,455	15,161,455
Less Reverted (All Funds)	(14,285)	(13,858)	(13,858)	(13,858)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	17,761,407	15,147,597	15,147,597	15,147,597
Actual Expenditures (All Funds)	13,778,049	13,563,171	12,831,250	N/A
Unexpended (All Funds)	3,983,358	1,584,426	2,316.347	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	
Federal	368,390	615,509	1,005,274	N/A
Other	3,614,968	968,917	1,311,073	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

### NOTES:

- (1) There were agency reserves of \$135,206 Federal and \$2,600,000 MO Rx Fund.
- (2) There were agency reserves of \$42,711 Federal and \$666,120 MO Rx Fund.

## **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES CLINICAL SRVC MGMT

## 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETO	ES								
			EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
			Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
DEPARTMENT CO	RE ADJ	USTME	NTS						
Core Reallocation	629	6769	EE	0.00	0	0	1,497,648	1,497,648	Core reallocations will more closely align budget with planned expenditures.
Core Reallocation	629	2036	EE	0.00	0	0	(1,497,648)	(1,497,648)	Core reallocations will more closely align budget with planned expenditures.
NET DE	PARTI	MENT C	CHANGES	0.00	0	0	0	0	
DEPARTMENT COR	RE REQ	UEST							8
			EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
			Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
GOVERNOR'S REC	OMME	NDED (	CORE	-					
			EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
			Total	0.00	461,917	12,214,032	2,485,506	15,161,455	

Budget Unit					"			
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	448,059	0.00	461,917	0.00	461,917	0.00	461,917	0.00
DEPT OF SOC SERV FEDERAL & OTH	11,208,758	0.00	12,214,032	0.00	12,214,032	0.00	12,214,032	0.00
PHARMACY REBATES	0	0.00	0	0.00	1,497,648	0.00	1,497,648	0.00
THIRD PARTY LIABILITY COLLECT	924,911	0.00	924,911	0.00	924,911	0.00	924,911	0.00
MISSOURI RX PLAN FUND	249,522	0.00	1,560,595	0.00	62,947	0.00	62,947	0.00
TOTAL - EE	12,831,250	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00
TOTAL	12,831,250	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00
GRAND TOTAL	\$12,831,250	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC FTE	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR		
CLINICAL SRVC MGMT									
CORE									
TRAVEL, IN-STATE	10,724	0.00	10,859	0.00	10,794	0.00	10,794	0.00	
TRAVEL, OUT-OF-STATE	5,415	0.00	0	0.00	5,415	0.00	5,415	0.00	
SUPPLIES	330,926	0.00	422,601	0.00	365,000	0.00	365,000	0.00	
PROFESSIONAL DEVELOPMENT	2,248	0.00	1,000	0.00	2,500	0.00	2,500	0.00	
COMMUNICATION SERV & SUPP	66,708	0.00	91,996	0.00	74,132	0.00	74,132	0.00	
PROFESSIONAL SERVICES	12,349,910	0.00	14,581,936	0.00	14,665,573	0.00	14,665,573	0.00	
M&R SERVICES	17,620	0.00	33,131	0.00	20,500	0.00	20,500	0.00	
OFFICE EQUIPMENT	10,248	0.00	4,500	0.00	10,000	0.00	10,000	0.00	
OTHER EQUIPMENT	2,544	0.00	7,000	0.00	4,000	0.00	4,000	0.00	
PROPERTY & IMPROVEMENTS	31,789	0.00	250	0.00	500	0.00	500	0.00	
BUILDING LEASE PAYMENTS	840	0.00	1,402	0.00	841	0.00	841	0.00	
MISCELLANEOUS EXPENSES	2,278	0.00	6,780	0.00	2,200	0.00	2,200	0.00	
TOTAL - EE	12,831,250	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00	
GRAND TOTAL	\$12,831,250	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	
GENERAL REVENUE	\$448,059	0.00	\$461,917	0.00	\$461,917	0.00	\$461,917	0.00	
FEDERAL FUNDS	\$11,208,758	0.00	\$12,214,032	0.00	\$12,214,032	0.00	\$12,214,032	0.00	
OTHER FUNDS	\$1,174,433	0.00	\$2,485,506	0.00	\$2,485,506	0.00	\$2,485,506	0.00	

Department: Social Services HB Section: 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

#### 1a. What strategic priority does this program address?

Health and continuum of care

#### 1b. What does this program do?

Funding for Clinical Management Services Program (CMSP) supports contractor costs for pharmacy and clinical services. One of the major contracts funded through this section is with Conduent (formerly Xerox) where the MO HealthNet Division (MHD) operates an innovative management of electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, pre-certification, and Drug Utilization Review (DUR) processes. The current CMSP claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real-time data to participating MHD providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

CyberAccess sm is a web-based tool that allows healthcare providers to electronically request drug and medical prior authorizations for their MO HealthNet patients, review historical claims data, view and/or enter clinical data in a patient's Electronic Health Record (EHR), select appropriate preferred medications and electronically prescribe, and electronically request inpatient certifications. The continued funding for CyberAccess sm is critical to continue supporting the pharmacy and medical cost containment initiatives and electronic health records. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) forms and patient-specific lab results are currently available through the platform. Linkages to other health record systems yielding interoperability between systems are under development (Health Information Network {HIN}). A companion participant web portal tool, Direct Inform, has been developed and deployed to pilot providers.

Information about other contracts funded under this section can be found below in Additional Details.

## **Program Statistics**

More than 31,000 prescribers and other health care providers located at 8,500 provider sites use the CyberAccess<sup>SM</sup> tool to access electronic health records for MO HealthNet patients. MHD has also implemented a connection between the statewide HIN and CyberAccess<sup>SM</sup>. This connection allows CyberAccess<sup>SM</sup> to respond with Medicaid claims data to queries received from participating providers through the HIN. The data will be used by physicians to improve the quality of care for Medicaid participants. By the summer of 2017, there were over 100,000 instances monthly where Missouri Health Connection provided information from MHD to physicians to improve the coordination of care and the quality of treatment received by patients. Furthermore, 73% of all inpatient certification requests are entered through CyberAccess<sup>SM</sup> and processed using Milliman clinical utilization criteria. Of those entered via the web tool, 89% of initial requests and 41% of combined initial and continued stay requests are approved transparently using the Milliman benchmark.

## **Program Goals**

To design activities oriented to the health and continuum of care needed by MO HealthNet participants.

## **Program Objectives**

Develop policies, benefits, and coverage decisions using best practices and evidence-based clinical guidelines.

## Reimbursement Methodology

Contractors are paid based on negotiated rates outlined in each contract.

Department: Social Services

HB Section: 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

#### Additional Details

#### Pharmacy

Through the Pharmacy Program, the Division is able to maintain current cost containment initiatives and implement new cost containment initiatives. Major initiatives include:

- Maintenance and Updates to Fiscal and Clinical Edits
- Quarterly Updates to the Missouri Maximum Allowable Cost (MACs)
- Prospective and Retrospective Drug Use (DUR)
- · Routine/Ad hoc Drug Information Research
- · Pharmacy Help Desk Staffing
- · Enrollment and Administration of Case Management
- · Preferred Drug List (PDL) and Supplemental Rebates
- See the Pharmacy tab for more details on these initiatives.

#### Clinical

Major Clinical Services initiatives include:

- Smart Prior Authorization (PA) for Durable Medical Equipment (DME), Optical, Psychology and Medical Services
- · Home and Community Based Services (HCBS) prior authorizations
- · Psychology and Medical Help Desk Staffing
- · Inpatient Hospital Pre-certification
- · Radiology Benefit Management (RBM) Program
- Medical Evidence-Based Guidelines Oregon HealthCare Contract

MHD, in conjunction with Conduent (formerly Xerox) and HealthHelp operate a quality-based RBM. The RBM is an expansion of the existing pre-certification process used for MRIs and CTs of the brain, head, chest and spine. The RBM works to determine clinical appropriateness of the usage of high-tech radiology services, and provides guidelines for application and use based on expert information and evidence-based data. Pre-certification requests are handled using industry-recognized clinical guidelines. These guidelines are used to ensure the appropriate scope, complexity and clinical need of the tests that will be performed to assist in managing costs.

The MHD and Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) have implemented a single integrated web-based instrument for entering, tracking and approving Home and Community Based Services (HCBS) requests and follow-up data. The electronic tool (a component of CyberAccess SM) allows consistent service authorization and delivery to clients with varying needs. The tool is based on a real-time interface with Medicaid claims data to allow automated and transparent processing of requests for services. All HCBS clients are assessed for services using the same tool, employing a rules-based engine to establish a customized service plan based on their specific need.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

Department: Social Services

HB Section: 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

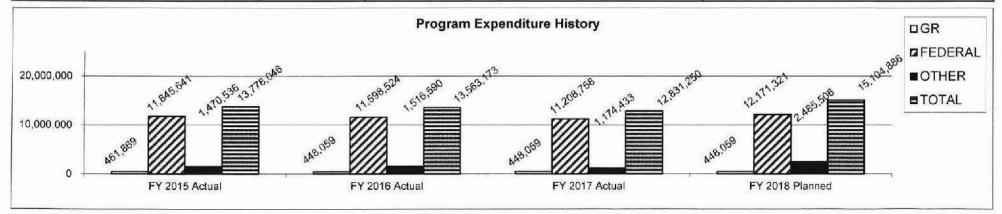
## 3. Are there federal matching requirements? If yes, please explain.

Generally, MO HealthNet administrative expenditures earn a 50% federal match. The Clinical Management Services for Pharmacy and Prior Authorization is matched at 75%.

## 4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 planned is net of reverted and reserve.

## 6. What are the sources of the "Other" funds?

Third Party Liability Fund (0120) and Missouri Rx Plan Fund (0779)

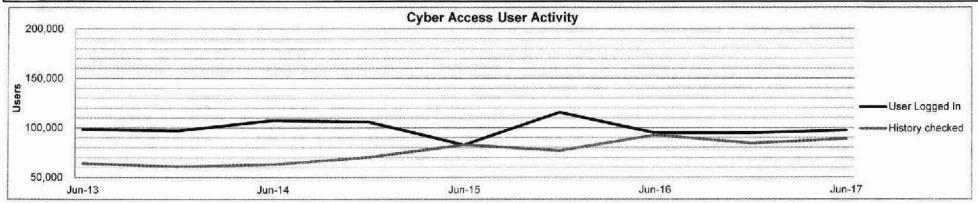
Department: Social Services

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

HB Section: 11.405

#### 7a. Provide an effectiveness measure.



## 7b. Provide an efficiency measure.

N/A

## 7c. Provide the number of clients/individuals served, if applicable.

## **Number of Pharmacy Claims**

SFY	Projected	Actual
2015	12.5 mil	12.3 mil
2016	13.2 mil	12.9 mil
2017	13.2 mil	12.9 mil
2018	12.9 mil	
2019	12.9 mil	
2020	12.9 mil	

## 7d. Provide a customer satisfaction measure, if available.

N/A

#### **CORE DECISION ITEM**

Department: Social Services

**Budget Unit:** 

90513C

Division: MO HealthNet

Core: Women & Minority Health Care Outreach

**HB Section:** 

11.410

		FY 2019 Budget	Request			FY 2	019 Governor's I	Recommendatio	n
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS					PS				
EE	529,796	568,625	0	1,098,421	EE	529,796	568,625	0	1,098,421
PSD					PSD				
TRF					TRF				
Total	529,796	568,625	0	1,098,421	Total	529,796	568,625	0	1,098,421
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
Note: Fringes bu	idgeted in House t	Bill 5 except for ce	ertain fringes b	udgeted	Note: Fringes b	udgeted in House	e Bill 5 except for	certain fringes bu	dgeted
directly to MoDO	T, Highway Patrol	and Conservation	on.		directly to MoDO	DT, Highway Patr	ol, and Conservat	ion.	

Other Funds: N/A Other Funds: N/A

## 2. CORE DESCRIPTION

This core request is for funding of the Women and Minority Health Care Outreach program. This program establishes and implements outreach programs in medically underserved areas to increase participation of minorities and women in MO HealthNet programs.

## 3. PROGRAM LISTING (list programs included in this core funding)

Women and Minority Health Care Outreach Program

#### **CORE DECISION ITEM**

Department: Social Services

**Budget Unit:** 

90513C

Division: MO HealthNet

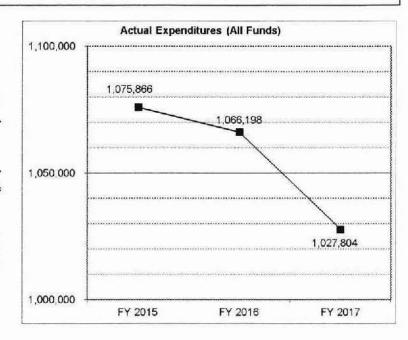
Core: Women & Minority Health Care Outreach

**HB Section:** 

11.410

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	1,114,750	1,098,421	1,098,421	1,098,421
Less Reverted (All Funds)	(16,384)	(15,894)	(15,894)	(15,894)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,098,366	1,082,527	1,082,527	1,082,527
Actual Expenditures (All Funds)	1,075,866	1,066,198	1,027,804	N/A
Unexpended (All Funds)	22,500	16,329	54,723	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	22,500	16,329	54,723	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

- (1) There were agency reserves of \$22,500 federal funds.
- (2) There were agency reserves of \$16,329 federal funds.
- (3) There were agency reserves of \$54,723 federal funds.

## **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES WOMEN & MINORITY OUTREACH

## 5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Exp
TAFP AFTER VETOES			JK.	rouoidi	o tilo:	Total	
	EE	0.00	529,796	568,625	0	1,098,42	1
	Total	0.00	529,796	568,625	0	1,098,42	1
DEPARTMENT CORE REQUEST							
	EE	0.00	529,796	568,625	0	1,098,42	1
	Total	0.00	529,796	568,625	0	1,098,42	
GOVERNOR'S RECOMMENDED	CORE						
	EE	0.00	529,796	568,625	0	1,098,42	1
	Total	0.00	529,796	568,625	0	1,098,42	Í

## **DECISION ITEM SUMMARY**

						EADMONDE		THE RESERVE OF THE PERSON NAMED IN
Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN & MINORITY OUTREACH							· · · · · · · · · · · · · · · · · · ·	
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	529,796	0.00
DEPT OF SOC SERV FEDERAL & OTH	513,902	0.00	568,625	0.00	568,625	0.00	568,625	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00
TOTAL	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00

## **FLEXIBILITY REQUEST FORM**

BUDGET UNIT NUMBER:	90513C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	Women & Minor	rity Outreach		
HOUSE BILL SECTION:	11.410		DIVISION:	MO HealthNet
	and explain why the	flexibility is need	led. If flexibility is being	ense and equipment flexibility you are requesting g requested among divisions, provide the amoun flexibility is needed.
		Governor's	Recommendation	
<b>Total</b> \$ 1,098,421	% Flex Flex Amount 10% \$ 109,842		이 사람 경쟁에 들어 하겠다. 이 아이들이 아이들이 있는데 가는데 하게 되어 하면 되었다며 하나 나를 모르는데 때문에 되었다.	ent (10%) flexibility is requested between sections 11.410, , 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
2. Estimate how much flexibility Year Budget? Please specify the PRIOR YEAR ACTUAL AMOUNT OF FLE	he amount.	CURF	RENT YEAR ED AMOUNT OF THAT WILL BE USED	used in the Prior Year Budget and the Current  BUDGET REQUEST  ESTIMATED AMOUNT OF  FLEXIBILITY THAT WILL BE USED
Year Budget? Please specify to	he amount.	CURF ESTIMATE FLEXIBILITY T HB11 language al between 11.410, 11.465, 11.470,	RENT YEAR ED AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
Year Budget? Please specify to PRIOR YEAR ACTUAL AMOUNT OF FLE	he amount. R XIBILITY USED	CURF ESTIMATE FLEXIBILITY T HB11 language al between 11.410, 11.465, 11.470,	RENT YEAR ED AMOUNT OF THAT WILL BE USED  lows up to 10% flexibility 11.435, 11.455, 11.460, 11.480, 11.490, 11.510,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
Year Budget? Please specify the PRIOR YEAR ACTUAL AMOUNT OF FLE None  8. Please explain how flexibility were	he amount. R XIBILITY USED	CURF ESTIMATE FLEXIBILITY T HB11 language al between 11.410, 11.465, 11.470,	RENT YEAR ED AMOUNT OF THAT WILL BE USED  lows up to 10% flexibility 11.435, 11.455, 11.460, 11.480, 11.490, 11.510,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED

## **DECISION ITEM DETAIL**

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00
GENERAL REVENUE	\$513,902	0.00	\$529,796	0.00	\$529,796	0.00	\$529,796	0.00
FEDERAL FUNDS	\$513,902	0.00	\$568,625	0.00	\$568,625	0.00	\$568,625	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Department: Social Services HB Section: 11.410

Program Name: Women and Minority Health Care Outreach

Program is found in the following core budget(s): Women and Minority Health Care Outreach

#### 1a. What strategic priority does this program address?

Minority outreach in underserved areas

## 1b. What does this program do?

#### **Program Statistics**

In FY17, staff at the 12 Community Health Centers (CHCs)—also known as Federally Qualified Health Centers (FQHCs)—assisted with and submitted 12,678 MO HealthNet applications. 162,537 Medicaid users obtained preventive and primary health services at one of the 12 CHCs in FY17.

#### **Program Goals**

To reduce disparities in morbidity and mortality (premature deaths) and promote health and wellness among the medically underserved populations.

#### **Program Objectives**

This program establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

#### Reimbursement Methodology

The Department of Social Services has contracted with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the Women and Minority Health Outreach funding; ensuring accurate and timely payments to the subcontractors; and to act as a central data collection point for evaluation of program impact, outcomes, and performance. The MPCA is reimbursed for allowable costs related to establishing and implementing outreach programs, not to exceed the appropriation cap. The MPCA is recognized as Missouri's single primary care association by the federal Health Resource Service Administration. The goal of the MPCA is, in part, to partner in the development, maintenance, and improvement of access to health care services, and to reduce disparities in health status between majority and minority populations.

## Rate History

This program does not utilize a rate reimbursement methodology.

#### **Additional Details**

This program was initiated in the fall of 1999 with five sites and expanded to the current twelve CHCs in the St Louis, Kansas City, mid-Missouri, southwest Missouri, and Bootheel regions. The outreach program builds on the strengths of the twelve CHCs that are trusted, accessible sources of care for high-risk populations, monitors health outcomes on the measures of early prenatal care, controlled hypertension, controlled diabetes and very low birthweight.

The CHCs provide outreach and education throughout their neighborhoods, including at schools, head starts, daycares, food pantries, churches, hospitals, area businesses, senior centers, county health departments, community events, health fairs and through TV and radio advertising.

As part of the outreach program, workers identify potentially eligible participants and help them enroll in the MO HealthNet program.

In mid-Missouri, a school-based mobile RV program has been expanded to bring dentists to school children, providing dental screenings and services to thirty-two schools in four counties.

In southwest Missouri, an Emergency Room (ER) diversion program has been implemented, offering free dental care for patients who presented to the ER, including follow up for insurance coverage and establishment of a medical or dental home.

Department: Social Services HB Section: 11.410

Program Name: Women and Minority Health Care Outreach

Program is found in the following core budget(s): Women and Minority Health Care Outreach

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.201; Federal law: Social Security Act Section 1903(a); Federal Regulations: 42 CFR, Part 433.15

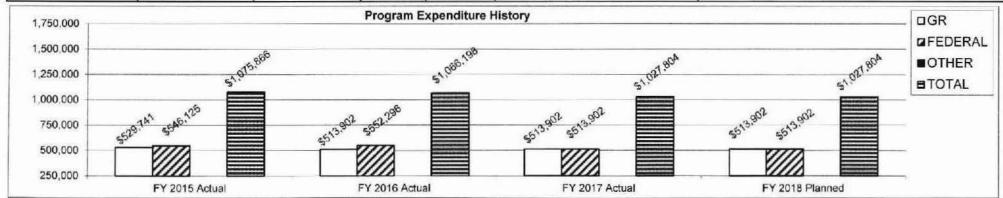
#### 3. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding

#### 4. Is this a federally mandated program? If yes, please explain.

No.

#### 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 Planned is a net of reverted and reserve.

## 6. What are the sources of the "Other" funds?

N/A

#### 7a. Provide an effectiveness measure.

N/A

Department: Social Services

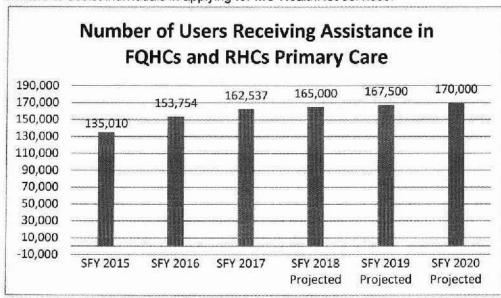
HB Section: 11.410

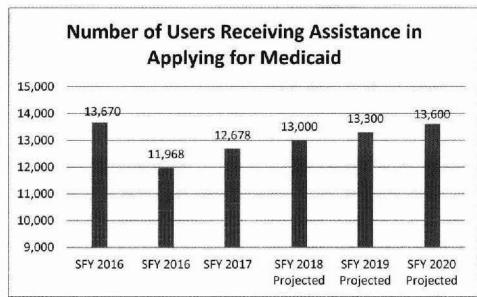
Program Name: Women and Minority Health Care Outreach

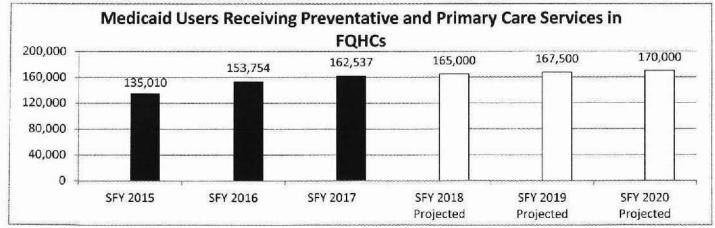
Program is found in the following core budget(s): Women and Minority Health Care Outreach

## 7b. Provide an efficiency measure.

FQHCs and Regional Health Centers (RHCs) in underserved areas provide greater access to health care services for women and minorities and serve as outreach centers to assist individuals in applying for MO HealthNet services.







Department: Social Services

Program Name: Women and Minority Health Care Outreach

Program is found in the following core budget(s): Women and Minority Health Care Outreach

HB Section: 11.410

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

#### **CORE DECISION ITEM**

Department: Social Services

**Budget Unit:** 

90515C

Division: MO HealthNet

Core: Third Party Liability (TPL) Contracts

**HB Section:** 

11.415

122		FY 2019 Budge	et Request			FY 2	019 Governor's	Recommendation	on
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS					PS				
EE PSD	0	3,000,000	3,000,000	6,000,000	EE PSD	0	3,000,000	3,000,000	6,000,000
TRF					TRF				
Total	0	3,000,000	3,000,000	6,000,000	Total	0	3,000,000	3,000,000	6,000,000
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
Note: Fringes bu	idgeted in House	Bill 5 except for o	certain fringes bud	lgeted directly	Note: Fringes	budgeted in Hou	ise Bill 5 except fo	or certain fringes	budgeted
to MoDOT, High	way Patrol, and C	Conservation.			directly to MoD	OT, Highway Pa	atrol, and Conserv	ration.	

Other Funds: Third Party Liability Collections Fund (TPL) (0120) - \$3,000,000

Other Funds: Third Party Liability Collections Fund (TPL) (0120) - \$3,000,000

## 2. CORE DESCRIPTION

This item funds contracted third party liability (TPL) recovery activities. TPL functions are performed by agency staff in the MO HealthNet Division TPL Unit and by a contractor. This core appropriation represents expense and equipment funding which is used to make payments to the contractor who works with the agency on TPL recovery activities.

## 3. PROGRAM LISTING (list programs included in this core funding)

Third Party Liability Contracts

## CORE DECISION ITEM

Department: Social Services

**Budget Unit:** 

90515C

Division: MO HealthNet

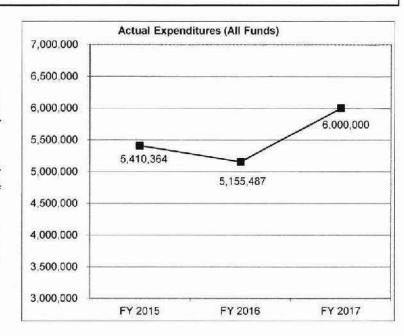
Core: Third Party Liability (TPL) Contracts

**HB Section:** 

11.415

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	6,000,000	6,000,000	6,000,000	6,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	6,000,000	6,000,000	6,000,000	6,000,000
Actual Expenditures (All Funds)	5,410,364	5,155,487	6,000,000	N/A
Unexpended (All Funds)	589,636	844,513	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	294,818	422,256	-	N/A
Other	294,818	422,256		N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

## **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES TPL CONTRACTS

## 5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR		Federal	Other	Total	Explan
TAFP AFTER VETOES								
	EE	0.00		0	3,000,000	3,000,000	6,000,000	)
	Total	0.00		0	3,000,000	3,000,000	6,000,000	
DEPARTMENT CORE REQUEST	04							
	EE	0.00		0	3,000,000	3,000,000	6,000,000	)
	Total	0.00		0	3,000,000	3,000,000	6,000,000	
GOVERNOR'S RECOMMENDED	CORE							
	EE	0.00		0	3,000,000	3,000,000	6,000,000	
	Total	0.00		0	3,000,000	3,000,000	6,000,000	

## **DECISION ITEM SUMMARY**

GRAND TOTAL	\$6,000,000	0.00	\$6,000,000	0.00	\$8,500,000	0.00	\$8,500,000	0.00
TOTAL	0	0.00	0	0.00	2,500,000	0.00	2,500,000	0.00
TOTAL - PD	0	0.00	0	0.00	2,500,000	0.00	2,500,000	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00	0	0.00	1,250,000	0.00	1,250,000	0.00
TPL Contracts Increase - 1886006  PROGRAM-SPECIFIC  DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	1,250,000	0.00	1,250,000	0.00
TOTAL	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00
TOTAL - EE	6,000,000	0.00	6,000,000	0.00	6.000.000	0.00	6,000,000	0.00
THIRD PARTY LIABILITY COLLECT	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00
EXPENSE & EQUIPMENT DEPT OF SOC SERV FEDERAL & OTH	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00
CORE								
TPL CONTRACTS								
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Unit								

## **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TPL CONTRACTS								
CORE								
PROFESSIONAL SERVICES	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00
TOTAL - EE	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00
GRAND TOTAL	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$3,000,000	0.00	\$3,000,000	0.00	\$3,000,000	0.00	\$3,000,000	0.00
OTHER FUNDS	\$3,000,000	0.00	\$3,000,000	0.00	\$3,000,000	0.00	\$3,000,000	0.00

Department: Social Services HB Section: 11.415

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

#### 1a. What strategic priority does this program address?

Cost recovery/cost avoidance

#### 1b. What does this program do?

#### **Program Description**

Some MO HealthNet beneficiaries have one or more additional sources of coverage for health care services. Third Party Liability (TPL) refers to the legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under the MO HealthNet program. By federal law, all other available third party resources must meet their legal obligation to pay claims before the MO HealthNet program pays for the care of a participant. Missouri is required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid state plan.

TPL functions are performed by both agency staff in the MO HealthNet Division TPL Unit and by a TPL contractor. While this appropriation only funds the TPL contractor, both contractor and state staff responsibilities are discussed below (Personal Service and Expense and Equipment which fund the MO HealthNet TPL Unit are appropriated under MO HealthNet Administration). Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties. The following list itemizes the activities performed by the contractor:

- · Health insurance billing and follow-up;
- · Data matches and associated billing (Tricare, MCHCP, and other insurance carriers such as BCBS, United Healthcare and Aetna);
- · Provide TPL information for state files;
- · Post accounts receivable data to state A/R system; and
- · Maintain insurance billing files.

See Additional Details for more information about the primary TPL programs and functions of the state staff within the TPL Unit.

## **Program Statistics**

The TPL program is responsible for cost recovery and cost avoidance of MO HealthNet expenditures. The TPL program accounted for more than \$218 million in savings to the MO HealthNet program in FY17 by cost avoiding claims and recovering MO HealthNet funds.

## **Program Goals**

The goal of the TPL program is to utilize a combination of contractor and state staff resources to identify potentially liable third party sources so MO HealthNet is able to avoid paying costs for services provided or recover costs already incurred.

## **Program Objectives**

To recover funds:

- From third-party sources when liability at the time of service had not yet been determined;
- · When the third-party source was not known at the time of MO HealthNet payment; and
- For services that are federally mandated to be paid and then pursued.

Department: Social Services HB Section: 11.415

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

#### Reimbursement Methodology

The TPL contracts appropriation allows for payment to the contractor who works with the agency on TPL recovery and cost avoidance activities. The contractor is paid for its recovery services through a contingency contract rate for cash recoveries of 15% for the first \$20 million recovered, 14% for the next \$10 million recovered and 13% for any recoveries over \$30 million, which resets annually. There is also a per member per month (PMPM) rate of \$0.235 for cost avoidance services, up to 1.4 million members and \$0.21 for members over 1.4 million. Health plans in the MO HealthNet Managed Care program are responsible for the TPL activities related to plan enrollees.

#### **Additional Details**

The MO HealthNet TPL Unit concentrates on asserting liens on settlements of trauma-related incidents (which include personal injury, product liability, wrongful death, malpractice, workers' compensation, and traffic accidents). The TPL Unit also files claims for recovery of MO HealthNet expenditures in estate cases; Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) cases; on the personal funds accounts of deceased nursing home residents; and on any excess funds from irrevocable burial plans. For cost avoidance, the TPL Unit operates the Health Insurance Premium Payment (HIPP) program and maintains the TPL data base where participant insurance information is stored. The following list itemizes the activities performed by the TPL Unit:

- · Liens, updates and follow-up on trauma cases;
- · Identify and follow-up on all estate cases;
- · Identify, file and follow-up on TEFRA liens;
- · Identify and follow-up on personal funds cases;
- · Recover any excess funds from irrevocable burial plans;
- · Operate the Health Insurance Premium Payment (HIPP) program;
- · Post recoveries to accounts receivable systems;
- Maintain state TPL databases:
- · Verify leads through the Medicaid Management Information Systems (MMIS) contract; and
- Contract oversight.

## Primary TPL Programs

HIPP Program - The Health Insurance Premium Payment program (HIPP) identifies and pays for employer-sponsored insurance policies for MO HealthNet participants to maximize MO HealthNet monies by shifting medical costs to private insurers and exhausting all third party resources before utilizing MO HealthNet.

Trauma Settlement Recovery – This program identifies potentially liable third parties and asserts liens on litigation settlements to ensure maximum recovery of MO HealthNet expenditures. Each identification is researched to determine if pursuit is cost effective or even possible.

Personal Funds Recovery – This program identifies personal funds account balances of deceased MO HealthNet participants who lived in nursing facilities and recovers MO HealthNet expenditures made on behalf of those participants. Nursing facilities are required to pay MO HealthNet within sixty (60) days from the date of death (Section 198.090(7), RSMo).

Burial Plans Recovery - This program recovers MO HealthNet expenditures from any excess funds from irrevocable burial plans. Burial lots and irrevocable burial contracts are exempt from consideration in determining MO HealthNet eligibility (Section 208.010, RSMo). The law also provides that if there are excess funds from irrevocable burial plans, the state should recover the excess up to the amount of public assistance benefits provided to the participant.

Department: Social Services HB Section: 11.415

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

Estate Recovery - In this program, expenditures are recovered through identification and filing of claims on estates of deceased MO HealthNet participants. Data matches are coordinated with the Department of Health and Senior Services' Vital Statistics, Family Support Division's county office staff and cooperation of other public and private groups. When cases are established, TPL staff verify expenditure documentation and assemble data for evidence. The TPL staff appear in court to testify on behalf of the state and to explain MO HealthNet policies and procedures.

TEFRA Liens - The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 authorizes the MO HealthNet program to file a lien as a claim against the real property of certain MO HealthNet participants. The TEFRA lien is for the debt due to the state for medical assistance paid or to be paid on behalf of MO HealthNet.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State: RSMo. 198.090, 208.010, 208.153, 208.215, 473.398, 473.399 and 13 CSR 70-4.120. Federal law: Social Security Act, Section 1902, 1903, 1906, 1912, 1917; Federal regulation: 42 CFR 433 Subpart D.

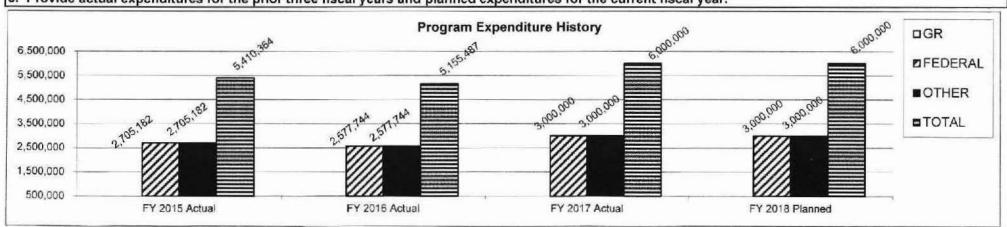
#### 3. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

## 4. Is this a federally mandated program? If yes, please explain.

Yes, if cost effective. In order to not pursue a TPL claim, the agency must obtain a waiver from CMS by proving that a cost recovery effort is not cost effective.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



HB Section: 11.415

Department: Social Services

Program Name: Third Party Liability (TPL) Contracts

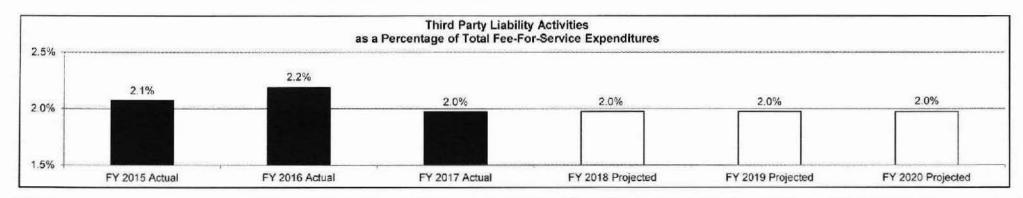
Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

6. What are the sources of the "Other" funds?

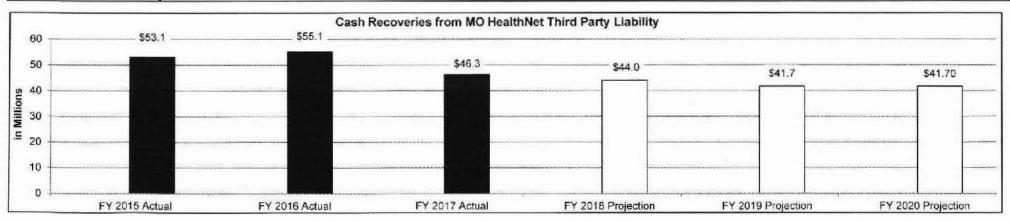
Third Party Liability Collections Fund (0120)

#### 7a. Provide an effectiveness measure.

Third Party Liability (TPL) activities within the MO HealthNet Program ensure that liable third-party resources are being utilized as a primary source of payment in lieu of General Revenue. In state fiscal year 2017, TPL activities, including cost avoidance and cash recovery activities, saved 2.0% of total fee-for-service expenditures.



## 7b. Provide an efficiency measure.



Department: Social Services

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

## Cash Recoveries by Contractor

## Cash Recoveries by MHD Staff

HB Section: 11.415

SFY	Projected	Actual
2015	\$25.0 mil	\$32.3 mil
2016	\$25.0 mil	\$30.2 mil
2017	\$25.0 mil	\$24.8 mil
2018	\$25.0 mil	
2019	\$25.0 mil	
2020	\$25.0 mil	

SFY	Projected	Actual
2015	\$21.3 mil	\$20.8 mil
2016	\$16.5 mil	\$24.9 mil
2017	\$16.5 mil	\$21.5 mil
2018	\$16.9 mil	
2019	\$16.9 mil	
2020	\$17.5 mil	

MHD is enhancing efforts to obtain timely health insurance carrier information on a proactive basis for MO HealthNet participants to ensure that third party resources are utilized as a primary source of payment in lieu of taxpayer dollars. MHD contracts with a vendor to perform health insurance recoveries and cost avoidance activities. As MHD shifts its focus to cost avoidance, the trend for health insurance cash recoveries will even out or eventually reflect a decrease.

Several developments over the last few years have impacted the collection of cash recoveries. Medicare providers are performing on-line adjustments rather than submitting reimbursement by check. Cash recoveries for the Estate Program have decreased due to the expanded definition of "estate" not being in statute; a court decision regarding spousal recovery; and the elimination of recovering Medicare Part B premiums on or after the date of January 1, 2010. Trauma and casualty tort recoveries have decreased as a result of the Ahlborn class action decision in 2006.

## 7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

# NEW DECISION ITEM RANK: 18 OF 22

	Social Services				Budget Unit: 90515C				
Division: MO DI Name: TP	HealthNet L Contract Incre	ase	D	I# 1886006	HB Section: 1	1.415			
1. AMOUNT	OF REQUEST								
		FY 2019 Budg	et Request			FY:	2019 Governor's	Recommendati	ion
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS EE		1,250,000	1,250,000	2,500,000	PS EE		1,250,000	1,250,000	2,500,000
PSD TRF					PSD TRF		V81-120-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Total	0	1,250,000	1,250,000	2,500,000	Total	0	1,250,000	1,250,000	2,500,000
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
	budgeted in Hous OOT, Highway Pai			s budgeted			ouse Bill 5 except Patrol, and Conse		es budgeted
Other Funds:					Other Funds:				
Third Party Lia	bilities (TPL) Coll	ections Fund (0	120) - \$1,250,00	0	Third Party Liab	oilities (TPL) C	ollections Fund (0	0120) - \$1,250,00	00
2. THIS REQU	EST CAN BE CA	TEGORIZED A	S:						
	New Legislation				New Program		F	und Switch	
				Program Expansion					
	GR Pick-Up				Space Request		E	Equipment Repla	cement
	Pay Plan			X	Other: Contract				

This NDI is needed to fund the cost of increased collections for the fee-for-service population.

CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NEW	DECISION	LITEM
NEVV	DECISION	

		NEW DECK	SIONTIEM			
	RANK:	18	OF_	22	-	
Department: Social Services		E	Budget Unit: 90	515C		
Division: MO HealthNet	7		The state of the s			
DI Name: TPL Contract Increase	DI# 1886006					

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are onetimes and how those amounts were calculated.)

This NDI is needed to fund the cost of increased collections for the fee-for-service (FFS) population. Cash recoveries from TPL contract were \$46.3 million in FY17. In FY17, TPL activities saved 2% of total FFS expenditures.

GR Fed Other Total Health Management Systems (HMS) 0 1,250,000 1,250,000 2,500,000

DI# 1886006

	D D	D	D	D	D 1 D					
	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
	0		1,250,000		1,250,000		2,500.000			
Total EE	0		1,250,000	-	1,250,000	-	2,500,000	54	0	
Grand Total	0	0.0	1,250,000	0.0	1,250,000	0.0	2,500,000	0.0	0	į.
	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
	0		1,250,000		1,250,000		2,500,000		0	
Total EE	0		1,250,000	_	1,250,000	-	2,500,000		0	
Grand Total	0	0.0	1,250,000	0.0	1,250,000	0.0	2,500,000	0.0	0	

#### **NEW DECISION ITEM**

RANK:	18	OF	22	
The state of the s			10271011	

Department: Social Services Budget Unit: 90515C

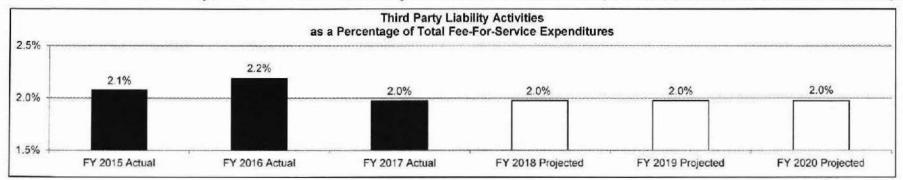
Division: MO HealthNet

DI Name: TPL Contract Increase DI# 1886006

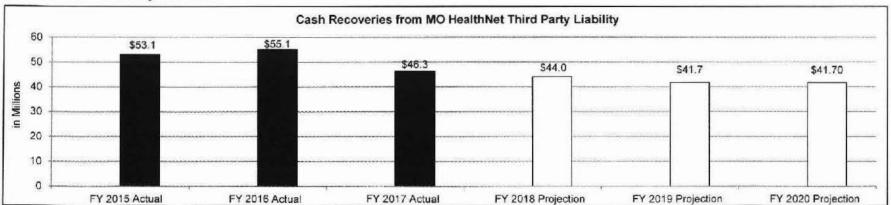
6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

#### 6a. Provide an effectiveness measure.

Third Party Liability (TPL) activities within the MO HealthNet Program ensure that liable third-party resources are being utilized as a primary source of payment in lieu of General Revenue. In state fiscal year 2017, TPL activities, including cost avoidance and cash recovery activities, saved 2.0% of total fee-for-service expenditures.



## 6b. Provide an efficiency measure.



NEW	DECISION	ITEM
IACAA	DECISION	

		MEAN DECIS	DIONTIEM		
	RANK:	18	OF_	22	
Department: Social Services		E	Budget Unit: 90	515C	
Division: MO HealthNet			Action to the second se		
DI Name: TPL Contract Increase	DI# 1886006				

	Cash Recoveries by Contra	ector	Cash Recoveries by MHD Staff			
SFY	Projected	Actual	SFY	Projected	Actual	
2015	\$25.0 mil	\$32.3 mil	2015	\$21.3 mil	\$20.8 mil	
2016	\$25.0 mil	\$30.2 mil	2016	\$16.5 mil	\$24.9 mil	
2017	\$25.0 mil	\$24.8 mil	2017	\$16.5 mil	\$21.5 mi	
2018	\$25.0 mil		2018	\$16.9 mil		
2019	\$25.0 mil		2019	\$16.9 mil		
2020	\$25.0 mil		2020	\$17.5 mil		

MHD is enhancing efforts to obtain timely health insurance carrier information on a proactive basis for MO HealthNet participants to ensure that third party resources are utilized as a primary source of payment in lieu of taxpayer dollars. MHD contracts with a vendor to perform health insurance recoveries and cost avoidance activities. As MHD shifts its focus to cost avoidance, the trend for health insurance cash recoveries will even out or eventually reflect a decrease.

Several developments over the last few years have impacted the collection of cash recoveries. Medicare providers are performing on-line adjustments rather than submitting reimbursement by check. Cash recoveries for the Estate Program have decreased due to the expanded definition of "estate" not being in statute; a court decision regarding spousal recovery; and the elimination of recovering Medicare Part B premiums on or after the date of January 1, 2010. Trauma and casualty tort recoveries have decreased as a result of the Ahlborn class action decision in 2006.

6c. Provide the number of clients/individuals served, if applicable.

N/A

6d. Provide a customer satisfaction measure, if available.

N/A

## 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

## **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TPL CONTRACTS								
TPL Contracts Increase - 1886006								
PROGRAM DISTRIBUTIONS	0	0,00	0	0.00	2,500,000	0.00	2,500,000	0.00
TOTAL - PD	0	0.00	0	0.00	2,500,000	0.00	2,500,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,500,000	0.00	\$2,500,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,250,000	0.00	\$1,250,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$1,250,000	0.00	\$1,250,000	0.00

#### **CORE DECISION ITEM**

Department: Social Services

**Budget Unit:** 

90522C

Division: MO HealthNet Core: Information Systems

**HB Section:** 

11.420

d	CORF	CINIA	LAIDIA	CLIBERS	VOA
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3007	FY 2019 Budget Request					FY 2019 Governor's Recommendation					
	GR	Federal	Other	Total	E	GR	Federal	Other	Total E		
PS					PS		1	- Attacked College			
EE	11,777,149	53,664,294	2,021,687	67,463,130	EE	11,777,149	53,664,294	2,021,687	67,463,130		
PSD	A A		72	- 12	PSD			N = 18			
TRF					TRF						
Total	11,777,149	53,664,294	2,021,687	67,463,130	Total	11,777,149	53,664,294	2,021,687	67,463,130		

FTE FTE 0.00 0.00

Est. Fringe 0 Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds Uncompensated Care Fund (0108) - \$430,000 Health Initiatives Fund (0275) - \$1,591,687

Other Funds: Uncompensated Care Fund (0108) - \$430,000

Health Initiatives Fund (0275) - \$1,591,687

#### 2. CORE DESCRIPTION

This core request is for the continued funding of MO HealthNet's Information Systems (IS). Core funding is used to pay for the Medicaid Management Information Systems (MMIS) contract. The MMIS contractor processes fee-for-service (FFS) claims and managed care encounter data and and calculates provider and health plan payments. Managed care encounter data is processed through the system similar to FFS claims. The data is used by the Managed Care Unit for contract administration and rate setting purposes.

## 3. PROGRAM LISTING (list programs included in this core funding)

Information Systems

## CORE DECISION ITEM

Department: Social Services Division: MO HealthNet

Core: Information Systems

Budget Unit: 90522C

HB Section: 11.420

					Actual Expenditures (All Funds)			
	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.	60,000,000		<del></del>	52,918,807
Appropriation (All Funds) Less Reverted (All Funds)	51,435,977 (219,169)	64,808,320 (269,339)	81,308,320 (389,339)	67,463,130 (401,065)	50,000,000	10.00		
ess Restricted (All Funds)	, o	O O	O O	0	40,000,000		45,161,973	
Budget Authority (All Funds)	51,216,808	64,538,981	80,918,981	67,062,065	40,000,000	41,076,382		
ctual Expenditures (All Funds)	41,076,382	45,161,973	52,918,807	N/A	30,000,000	Hery Mary Wash V		
nexpended (All Funds)	10,140,426	19,377,008	28,000,174	N/A				
nexpended, by Fund:					20,000,000			
General Revenue	0	0	0	N/A				
Federal	10,140,426	19,377,008	28,000,174	N/A	10,000,000			
Other	0	0	0	N/A				
		(1)			0		<del> </del>	(0)

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

## NOTES:

(1) There were agency reserves of \$387,632 federal funds.

#### **CORE RECONCILIATION DETAIL**

## DEPARTMENT OF SOCIAL SERVICES INFORMATION SYSTEMS

5. CORE RECONCILIATION DETAIL

EE

Total

0.00

0.00

11,777,149

11,777,149

#### **Budget** Class FTE GR Federal Other Total Explanation **TAFP AFTER VETOES** EE 0.00 11,777,149 53,664,294 2,021,687 67,463,130 Total 0.00 11,777,149 53,664,294 2,021,687 67,463,130 **DEPARTMENT CORE REQUEST** 2,021,687 EE 0.00 11,777,149 53,664,294 67,463,130 0.00 2,021,687 67,463,130 Total 11,777,149 53,664,294 **GOVERNOR'S RECOMMENDED CORE**

53,664,294

53,664,294

2,021,687

2,021,687

67,463,130

67,463,130

## **DECISION ITEM SUMMARY**

Budget Unit							ISION ITEM	
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
INFORMATION SYSTEMS								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	11,044,695	0.00	11,777,149	0.00	11,777,149	0.00	11,777,149	0.0
DEPT OF SOC SERV FEDERAL & OTH	39,900,176	0.00	53,664,294	0.00	53,664,294	0.00	53,664,294	0.0
UNCOMPENSATED CARE FUND	430,000	0.00	430,000	0.00	430,000	0.00	430,000	0.0
HEALTH INITIATIVES	1,543,936	0.00	1,591,687	0.00	1,591,687	0.00	1,591,687	0.0
TOTAL - EE	52,918,807	0.00	67,463,130	0.00	67,463,130	0.00	67,463,130	0.0
TOTAL	52,918,807	0.00	67,463,130	0.00	67,463,130	0.00	67,463,130	0.0
MMIS Contract Extension - 1886005								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	395,881	0.00	395,881	0.0
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	876,085	0.00	876,085	0.0
TOTAL - PD	0	0.00	0	0.00	1,271,966	0.00	1,271,966	0.0
TOTAL	0	0.00	0	0.00	1,271,966	0.00	1,271,966	0.0
Electronic Visit Verification - 1886024								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	59,500	0.0
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	0	0.00	535,500	0.0
TOTAL - EE	0	0.00	0	0.00	0	0.00	595,000	0.0
TOTAL	0	0.00	0	0.00	0	0.00	595,000	0.0
Advancing MMIS Technology - 1886025								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	6,385,003	0.0
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	0	0.00	2,700,000	0.0
TOTAL - EE	0	0.00	0	0.00	0	0.00	9,085,003	0.0
TOTAL	0	0.00	0	0.00	0	0.00	9,085,003	0.0
RAND TOTAL	\$52,918,807	0.00	\$67,463,130	0.00	\$68,735,096	0.00	\$78,415,099	0.0

<sup>1/17/18 10:29</sup> 

im\_disummary

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
INFORMATION SYSTEMS									
CORE									
COMMUNICATION SERV & SUPP	0	0.00	898	0.00	898	0.00	898	0.00	
PROFESSIONAL SERVICES	52,918,807	0.00	67,462,232	0.00	67,462,232	0.00	67,462,232	0.00	
TOTAL - EE	52,918,807	0.00	67,463,130	0.00	67,463,130	0.00	67,463,130	0.00	
GRAND TOTAL	\$52,918,807	0.00	\$67,463,130	0.00	\$67,463,130	0.00	\$67,463,130	0.00	
GENERAL REVENUE	\$11,044,695	0.00	\$11,777,149	0.00	\$11,777,149	0.00	\$11,777,149	0.00	
FEDERAL FUNDS	\$39,900,176	0.00	\$53,664,294	0.00	\$53,664,294	0.00	\$53,664,294	0.00	
OTHER FUNDS	\$1,973,936	0.00	\$2,021,687	0.00	\$2,021,687	0.00	\$2,021,687	0.00	

Department: Social Services HB Section: 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

## 1a. What strategic priority does this program address?

Timely automated processing and reporting

## 1b. What does this program do?

#### **Program Description**

The Information Systems (IS) program area includes the contract for the Medicaid Management Information System (MMIS) which is the platform which supports the entire MO HealthNet program. The primary function of Information Systems (IS) is to provide the tools and data needed to support administrative and financial decisions and to process fee-for-service claims and MO HealthNet managed care encounter data. IS focuses on the gathering, maintenance, analysis, output, and security of information and data related to claims and a multitude of claims-related interfaces. It is also responsible for providing the software and hardware support needed to measure, analyze, assess and manipulate this information in the process of decision making, formulating and testing new systems.

#### **Program Statistics**

Funding for the MO HealthNet's Information Systems (IS) allows for the processing of MO HealthNet claims involving over 58,000 providers of 60 different types, such as hospitals, physicians, dentists, ambulance service providers, nursing homes, therapists, hospices, and managed care health plans. Increased electronic claims processing and system improvements improved average claims processing time dramatically over the last decade from 3.03 days in FY95 to .59 days in FY17.

## **Program Goals**

- · Automation of key business processes using a system designed based on the program policies and procedures.
- · Access for providers and users to updated program and eligibility information required to support services provided to program participants.
- · Timely and accurate processing of claims and payment to healthcare services providers for services provided to program participants.
- Timely and accurate processing of capitation payments to Managed Care health plans for services provided to program participants.
- · Accurate reporting of program costs to CMS and maximization of federal financial participation.
- Comprehensive and accurate reporting and analytics services and sharing of claims data to support administrative and program decision support, monitoring of
  program metrics, and improvements in program quality and care management.
- · Effective technical support to ensure maximum use and benefit of the systems by all user groups.
- · Ongoing system modifications to support new program initiatives, meet changing federal and state program requirements, and further business automation.

## **Program Objectives**

- Implementation of modifications to the MMIS to support current federal and state program initiatives.
- · Procurement and implementation of replacement MMIS subsystems and services in compliance with federal enhanced funding requirements.
- · Continued operation of the MMIS and call centers with no disruption in services to program participants, healthcare service providers, or system users.

Department: Social Services HB Section: 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

#### Reimbursement Methodology

The state contracts with a private entity to operate the subsystems of the MMIS. The subsystems include claims and encounter processing, management and analysis reporting, reference, fee-for-service claim data, participant encounter data, third party liability, drug rebate, federal financial reporting, and payment calculation. In order to maintain quality management of MO HealthNet claims, the MO HealthNet Division requires the fiscal agent to:

- Maintain and enhance a highly automated MO HealthNet claims processing and information retrieval system.
- Process MO HealthNet claims and encounters involving over 58,000 providers of 60 different types, such as hospitals, physicians, dentists, ambulance service
  providers, nursing homes, therapists, hospices, and managed care health plans.
- Perform automated prior authorizations of services provided to program participants and provide professional review services for prior authorizations as needed.
- Perform manual tasks associated with processing MO HealthNet claims.
- Calculate payments to providers and health plans for services.
- Provide capabilities and/or communications with the Department, the Division, and OA-ITSD to facilitate exchanges of data
- Operate call centers to support participants and providers and to support prior authorization activities.
- · Provide technical support to providers and managed care health plans to facilitate exchanges of data.

The state began contracting out the development, operation, and support of the MMIS in 1979. The current MMIS contract was awarded to Infocrossing, Inc (WIPRO). The MMIS is run on a mainframe computer system. There are approximately 35 programmers employed by the fiscal agent to maintain this system. The Interactive Voice Response (IVR) has the availability of approximately 70 incoming lines. The IVR hardware and software allows immediate access to eligibility, payment and claim status information.

The Imaging System document storage and retrieval along with a report repository. The fiscal agent supports a web application (www.emomed.com) that supports various provider functions such as claims data entry, send and receive files, electronic remittance advice along with real-time inquiries of claims, attachments, prior authorizations, eligibility and payment status.

#### Additional Details

<u>Claims Processing</u>: Claims processing changes with the two programs, the fee-for-service program versus MO HealthNet managed care. Under the fee-for-service program, claims are processed for payment to the provider. Services under MO HealthNet managed care, which are covered by the capitation payment, do not generate a claim. Whomever provides the service is reimbursed by a health plan. The service still results in involvement by IS through the processing of encounter claims. An encounter claim is the same as a regular claim in terms of the information processed such as patient identification, diagnosis and the service(s) provided; however, it is not subject to payment. The federal government requires that encounter claims be submitted to the state agency. Encounter claims are transmitted by health plans to the fiscal agent where they are processed and the data is stored.

Managed Care Impact: MO HealthNet managed care increases the demand on Information Systems because of the need to interface with numerous different data processing systems. The MMIS system "talks" to the systems run by each of the three individual health plans that contract with the state for Managed Care. Success of the Managed Care program is dependent on data analysis. The agency needs encounter data from the health plans in order to set rates and see what services are being provided to agency clients, otherwise on-site audits of thousands of providers would be required.

Department: Social Services HB Section: 11.420

**Program Name: Information Systems** 

Program is found in the following core budget(s): Information Systems

Enrollment Broker: The enrollment broker is responsible for assisting MO HealthNet participants receiving health care benefits through a managed care arrangement in plan enrollment. Beginning September 1, 2014, the enrollment broker function transitioned to a new contract. The contractor is responsible for assisting 1) Missourians with the Medicaid application when the individual is applying online through the new eligibility and enrollment system; and 2) with managed care enrollment processes should the participant receive benefits through managed care. The intent is to streamline processes so that individuals can apply for Medicaid benefits, and if eligible, complete the managed care enrollment process at the same time. This ensures that Medicaid participants receive the appropriate level of care as expeditiously as possible. Once an individual is eligible for Medicaid benefits, only inquiries received on managed care enrollment will continue to be handled through the Contact Center; other questions, correspondence or communication will be handled through the current call center or by FSD offices.

## **Emerging Issues**

MMIS Enhanced Funding and Procurement: The state receives enhanced federal funding for the development and operation of the MMIS and related administrative services. CMS updated the rule related to the enhanced funding in December 2016 and continues to issue sub-regulatory guidance that is changing the conditions for receiving enhanced funding for investments in Information Technology. The guidance encourages the replacement of legacy MMIS systems such as Missouri's system with more modular and reusable solutions. MO HealthNet is working on several system procurement projects intended to replace MMIS subsystems with solutions utilizing modern technologies and complying with the CMS conditions. The procurement and replacement of MMIS systems requires a multi-year effort and a significant capital investment, but offers future cost savings through technology that is less expensive to operate and maintain and that is more flexible allowing for quicker implementation of program changes. As part of the MMIS procurement effort, MO HealthNet has issued a Request for Proposal (RFP) for a Business Intelligence Solution and Enterprise Data Warehouse (BIS/EDW) and MMAC has issued an RFP for a Program Integrity Solution.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166 and 208.201; Federal law: Social Security Act Section 1902(a)(4), 1903(a)(3) and 1915(b); Federal Regulation 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment.

# 3. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Functions earning 75% include MMIS base operations and call center operations. Approved system enhancements earn 90% FFP and require 10% state share. Enrollment broker services, postage and General Medicaid administrative expenditures earn 50% FFP and requires 50% state share.

# 4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

Department: Social Services HB Section: 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

## 7a. Provide an effectiveness measure.

The MMIS supports the program through the automation of business processes allowing the program to complete millions of transactions with providers and health plans utilizing a minimal number of staff. During FY17, the systems completed the following:

- Processed over 111 million fee-for-service claim transactions
- · Processed over 5.8 million managed care encounters
- · Calculated over 214,000 payments to providers.
- Completed over 1.2 million provider inquiries through use of an Interactive Voice Response System.
- Completed claim submissions, participant eligibility verifications, and other functions during 16.7 million sessions on the system web portals.
- Implemented 23 small to medium system enhancements and 4 large system enhancements.
- · Completed over 5,000 trouble tickets submitted by system users.
- Received over 12,500 calls from users to the system technical help desk.
- · Supported almost 85,000 system users.

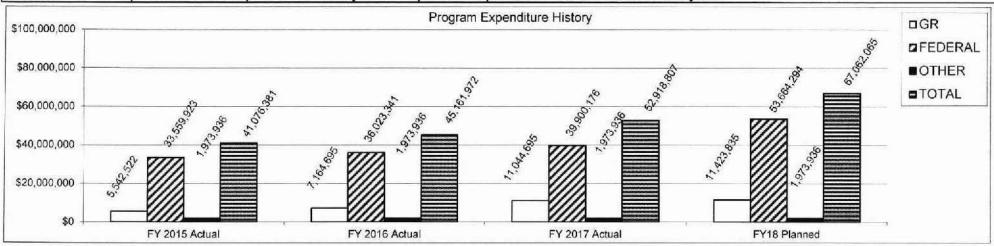
Department: Social Services

HB Section: 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

# 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 is net of reverted and reserved.

## 6. What are the sources of the "Other" funds?

Health Initiatives Fund (0275) Uncompensated Care Fund (0108)

HB Section: 11,420

Department: Social Services

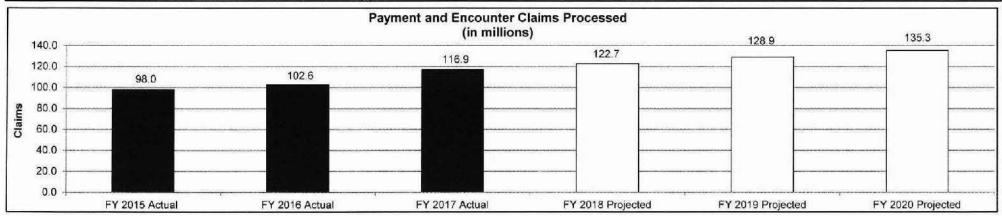
Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

## 7b. Provide an efficiency measure.

Efficiency Measure: Promptly process "clean" claims in less than one day and pay adjudicated and approved claims within thirty days of receipt. For the past three fiscal years, claims passing system edits have been processed in less than one day. Processed claims are paid twice a month. In SFY 2017, over 111 million fee-for-services claims were processed and 98.5 percent of the approved claims were paid within thirty days of receipt.

## 7c. Provide the number of clients/individuals served, if applicable.



7d. Provide a customer satisfaction measure, if available.

N/A

# NEW DECISION ITEM RANK: 17 OF

22

Department: Division: MO	Social Services				Budget Unit: 9	0522C			<del>-</del>
	IIS Contract Exte	ensions	D	I# 1886005	HB Section: 1	1.420			
1. AMOUNT	OF REQUEST	HEWO.							
		FY 2019 Budg	et Request			FY 20	19 Governor's	Recommendati	on
	GR	Federal	Other	Total	E	GR	Federal	Other	Total E
PS EE PSD TRF	395,881	876,085	0	1,271,966	PS EE PSD TRF	395,881	876,085	0	1,271,966
Total	395,881	876,085	0	1,271,966	Total	395,881	876,085	0	1,271,966
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
72	budgeted in Hous DOT, Highway Par	1/2//	1277	s budgeted			ise Bill 5 except atrol, and Consei	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	s budgeted
Other Funds:	N/A				Other Funds: N	/A			
2. THIS REQU	EST CAN BE CA	TEGORIZED A	S:						
	New Legislation		2		New Program	<u></u>	F	und Switch	
	Federal Mandate				Program Expansion			ost to Continue	
	GR Pick-Up				Space Request	<u>~</u>	E	quipment Repla	cement
	Pay Plan		_	Х	Other: Contract Price	e Increase			×
3. WHY IS TH									

This NDI is needed to fund the increased costs related to the contract extensions for Infocrossing for services related to Missouri Medicaid Management Information System (MMIS), and for Conduent for services related to the State of Missouri Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) system component of the MMIS.

#### **NEW DECISION ITEM**

RANK:	17	OF	22
-			

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: MMIS Contract Extensions DI# 1886005

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed to fund the increased costs related to the contract extensions for Infocrossing for services related to Missouri Medicaid Management Information System (MMIS), and for Conduent for services related to the State of Missouri Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) system component of the MMIS.

	GR	Fed	Other	Total
Infocrossing	337,129	695,868		1,032,997
Conduent	58,752	180,217	0	238,969
Total	395,881	876,085	0	1,271,966

	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	
Budget Object Class/Job Class	GR DOLLARS	GR FTE	FED DOLLARS	FED FTE	OTHER DOLLARS	OTHER FTE	TOTAL DOLLARS	TOTAL FTE	One-Time DOLLARS	E
	395,881		876,085		C	)	1,271,966			
Total EE	395,881	\$ <del>-</del>	876,085		(	)	1,271,966		0	
Grand Total	395,881	0.0	876,085	0.0	(	0.0	1,271,966	0.0	0	
	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	
Budget Object Class/Job Class	GR DOLLARS	GR FTE	FED DOLLARS	FED FTE	OTHER DOLLARS	OTHER FTE	TOTAL DOLLARS	TOTAL FTE	One-Time DOLLARS	E
	395,881		876,085	200		_ic	1,271,966		0	
Total EE	395,881		876,085	-	C	Ī	1,271,966		0	,
Grand Total	395,881	0.0	876,085	0.0	0	0.0	1,271,966	0.0	0	

#### **NEW DECISION ITEM**

RANK:	17	OF	22	
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Department: Social Services Budget Unit: 90522C

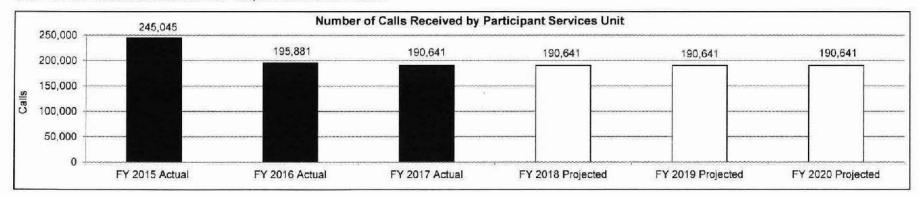
Division: MO HealthNet

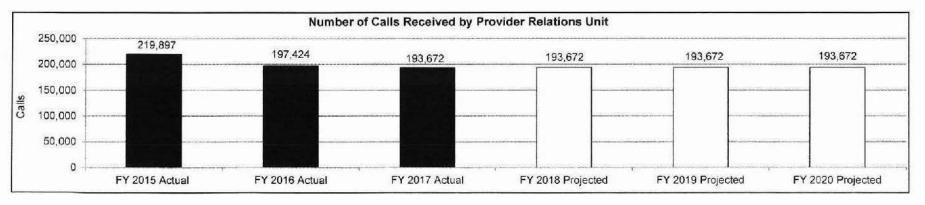
DI Name: MMIS Contract Extensions DI# 1886005

## 6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

#### 6a. Provide an effectiveness measure.

Effectiveness Measure: Provide support for participants and providers. Participant Services Unit received 190,641 calls from participants in SFY 2017. The Provider Relations Unit received 193,672 calls in SFY 2017.





#### **NEW DECISION ITEM**

RANK:

17

)F 22

Department: Social Services

Budget Unit: 90522C

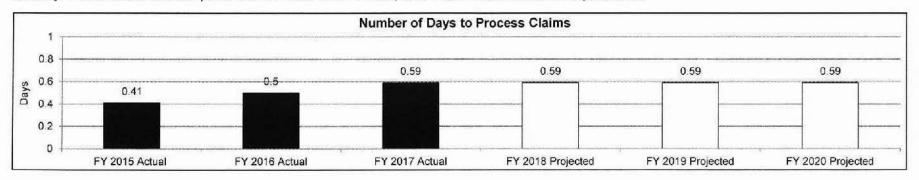
Division: MO HealthNet

DI Name: MMIS Contract Extensions

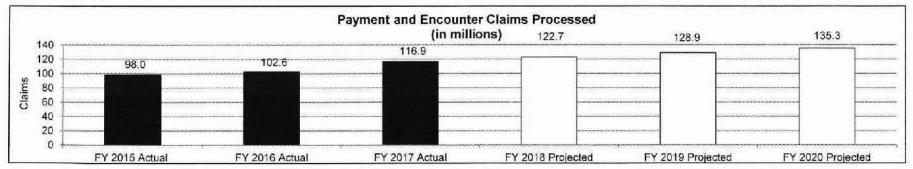
DI# 1886005

## 6b. Provide an efficiency measure.

Efficiency Measure: Promptly process "clean" claims in less than one day. Over the last three fiscal years, claims passing system edits have been processed in less than one day. Processed claims are paid twice a month. In SFY 2017, over 116.9 million claims were processed.



## 6c. Provide the number of clients/individuals served, if applicable.



# 6d. Provide a customer satisfaction measure, if available.

N/A

# 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
INFORMATION SYSTEMS								
MMIS Contract Extension - 1886005								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,271,966	0.00	1,271,966	0.00
TOTAL - PD	0	0.00	0	0.00	1,271,966	0.00	1,271,966	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,271,966	0.00	\$1,271,966	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$395,881	0.00	\$395,881	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$876,085	0.00	\$876,085	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00



PS

EE

**PSD** 

TRF

Total

FTE

**Department: Social Services** 

**Budget Unit:** 

90523C

Division: MO HealthNet

Core: Electronic Health Records Incentives

**HB Section:** 

11.425

0

0

0.00

GR

1.	CORE	FINANCIAL	SUMMARY

	W	FY 2019 Budg	et Request		
	GR	Federal	Other	Total	E
PS	-				
EE	0	1,303,000	0	1,303,000	
PSD	0	33,697,000	0	33,697,000	
TRF					£9
Total	0	35,000,000	0	35,000,000	
FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	l f
		se Bill 5 except fo trol, and Conserv		budgeted	

Est. Fringe	0	0	0	
Note: Fringes	budgeted in House	Bill 5 except for ce	ertain fringes bud	igeted
directly to Mor	DOT, Highway Patro	l. and Conservatio	n.	

Fed

1,504,200

26,495,800

28,000,000

0.00

FY 2019 Governor's Recommendation

Other

0

0

0

0.00

Tota

1,504,200

26,495,800

28,000,000

0.00

0

Other Funds: N/A

Other Funds: N/A

# 2. CORE DESCRIPTION

This core request is for funding of the MO HealthNet Electronic Health Record (EHR) Incentive Program, which provides incentive payments to eligible professionals and eligible hospitals that adopt, implement, upgrade, and meaningfully use certified EHR technology.

# 3. PROGRAM LISTING (list programs included in this core funding)

Electronic Health Records Incentives

Department: Social Services

Budget Unit: 90523C

11.425

Division:

MO HealthNet

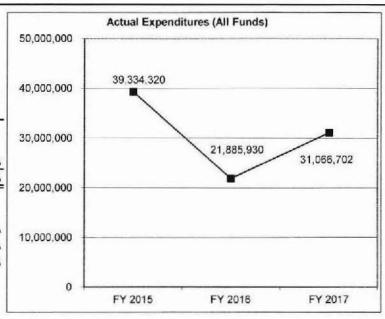
Core:

**Electronic Health Records Incentives** 

**HB Section:** 

# 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	85,000,000	60,000,000	40,000,000	35,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	85,000,000	60,000,000	40,000,000	35,000,000
Actual Expenditures (All Funds)	39,334,320	21,885,930	31,066,702	N/A
Unexpended (All Funds)	45,665,680	38,114,070	8,933,298	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	45,665,680	38,114,070	8,933,298	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

## CORE RECONCILIATION DETAIL

# DEPARTMENT OF SOCIAL SERVICES ELECTRONIC HLTH RECORDS INCNTV

# 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR		Federal	Other		Total	Explanation
TAFP AFTER VETO	ES										
			EE	0.00		0	1,303,000		0	1,303,000	
			PD	0.00		0	33,697,000		0	33,697,000	
			Total	0.00		0	35,000,000		0	35,000,000	
DEPARTMENT CO	RE ADJI	JSTME	NTS								
Core Reallocation	479	7962	EE	0.00		0	201,200		0	201,200	Core reallocations will more closely align the budget with planned expenditures.
Core Reallocation	479	7962	PD	0.00		0	(201,200)		0	(201,200)	Core reallocations will more closely align the budget with planned expenditures.
NET D	EPARTN	MENT C	HANGES	0.00		0	0		0	0	
DEPARTMENT CO	RE REQ	UEST									
			EE	0.00		0	1,504,200		0	1,504,200	
			PD	0.00		0	33,495,800		0	33,495,800	
			Total	0.00		0	35,000,000		0	35,000,000	
GOVERNOR'S ADD	ITIONA	L COR	E ADJUSTI	WENTS							
Core Reduction	2051	7962	PD	0.00		0	(7,000,000)		0	(7,000,000)	
NET G	OVERNO	OR CH	ANGES	0.00		0	(7,000,000)		0	(7,000,000)	
GOVERNOR'S REC	OMME	NDED (	ORE								
			EE	0.00		0	1,504,200		0	1,504,200	
			PD	0.00		0	26,495,800		0	26,495,800	
			Total	0.00		0	28,000,000		0	28,000,000	

# **DECISION ITEM SUMMARY**

						15-76/1-0309		
Budget Unit Decision Item Budget Object Summary Fund	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
EXPENSE & EQUIPMENT FEDERAL STIMULUS-DSS	1,365,058	0.00	1,303,000	0.00	1,504,200	0.00	1,504,200	0.00
TOTAL - EE	1,365,058	0.00	1,303,000	0.00	1,504,200	0.00	1,504,200	0.00
PROGRAM-SPECIFIC FEDERAL STIMULUS-DSS	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00
TOTAL - PD	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00
TOTAL	31,066,702	0.00	35,000,000	0.00	35,000,000	0.00	28,000,000	0.00
GRAND TOTAL	\$31,066,702	0.00	\$35,000,000	0.00	\$35,000,000	0.00	\$28,000,000	0.00

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
TRAVEL, IN-STATE	2,484	0.00	0	0.00	1,000	0.00	1,000	0.00
TRAVEL, OUT-OF-STATE	0	0.00	2,000	0.00	3,000	0.00	3,000	0.00
PROFESSIONAL DEVELOPMENT	125	0.00	1,000	0.00	200	0.00	200	0.00
PROFESSIONAL SERVICES	1,362,449	0.00	1,300,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL - EE	1,365,058	0.00	1,303,000	0.00	1,504,200	0.00	1,504,200	0.00
PROGRAM DISTRIBUTIONS	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00
TOTAL - PD	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00
GRAND TOTAL	\$31,066,702	0.00	\$35,000,000	0.00	\$35,000,000	0.00	\$28,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$31,066,702	0.00	\$35,000,000	0.00	\$35,000,000	0.00	\$28,000,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Department: Social Services

HB Section: 11.425

Program Name: Electronic Health Records (EHR) Incentive

Program is found in the following core budget(s): Electronic Health Records Incentive

## 1a. What strategic priority does this program address?

Increase provider use of EHRs

#### 1b. What does this program do?

## **Program Statistics**

In FY17, a total of 2,262 EHR incentive payments dispersed \$29.7 million to MO HealthNet providers - \$2.7 million to 17 eligible hospitals and \$27 million to 2,245 eligible professionals.

Among participants in the program, 54% of all professionals and 87% of all hospitals have met meaningful use requirements in at least one year.

During the first six years of the program, from FY12 through FY17, over \$268 million in incentive payments were made to 110 unique hospitals and 3,870 unique professionals.

#### **Program Goals**

The goals of the EHR incentive program are to:

- Encourage providers to use certified electronic health record technology (CEHRT) to meet meaningful use measures and objectives that require increasing thresholds each year.
- Demonstrate improved quality, safety, and efficiency of healthcare;
- · Improve care coordination, population health, and public health; and
- · Maintain the privacy and security of patient health information.

# **Program Objectives**

Increase the number of eligible hospitals and eligible professionals that achieve meaningful use of EHR technology by demonstrating their capability to capture and share data, complete advanced clinical processes, and improve health outcomes.

Provide adequate payments for EHR Incentives to all MO HealthNet providers that participate in the program with the funds appropriated.

# Reimbursement Methodology

To qualify for Medicaid incentive payments during the first year, eligible professionals must meet volume thresholds for Medicaid patients and show that they have adopted, implemented, or upgraded to certified EHR technology. To receive additional payments in subsequent years, professionals are required to demonstrate meaningful use of certified EHR technology. Under the program, eligible professionals can receive up to \$63,750 in incentive payments over six years. For eligible hospitals, a total payment amount is calculated based on an established formula primarily driven by discharge volume; the total is disbursed in payments over three years with 50% paid in the first year, 35% in the second, and 15% in the third. Amounts vary significantly by hospital, with the average first year payment of \$763,850.

## Rate History

This program does not utilize a rate reimbursement methodology.

Department: Social Services HB Section: 11.425

Program Name: Electronic Health Records (EHR) Incentive

Program is found in the following core budget(s): Electronic Health Records Incentive

#### Additional Details

Missouri's Medicaid EHR Incentive program became operational on April 4, 2011. Eligible professionals (EPs) include physicians, dentists, certified nurse midwives, nurse practitioners, and physician assistants (specifically those practicing in rural health clinics or Federally-Qualified Health Centers led by a physician assistant). EPs must have at least a 30% patient volume attributable to Medicaid (20% for pediatricians). EPs can base their volume on either their *individual* Medicaid patient encounters or the *practice*'s Medicaid patient encounters. Encounters include both fee-for-service and managed care for which Medicaid paid in whole or in part. Beginning in program year 2013, zero pay claims could also be counted, recognizing service to Medicaid-enrolled individuals regardless of liability. Eligible hospitals (EHs) include acute care hospitals, all stand-alone children's hospitals, cancer hospitals, and critical access hospitals. Except for children's hospitals, EHs must have at least 10% Medicaid patient volume.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ARRA Section 4201; Federal Regulation: 42 CFR Parts 412, 413, 422, and 495.

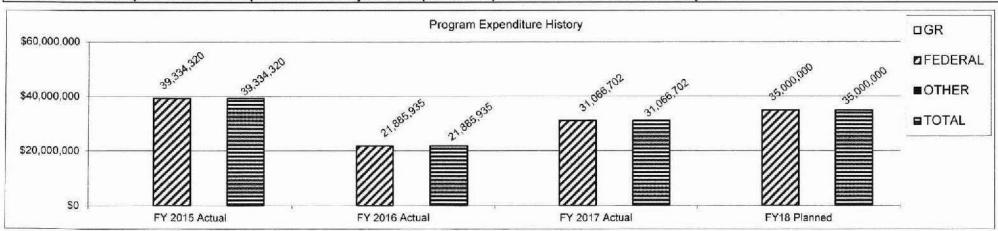
## 3. Are there federal matching requirements? If yes, please explain.

Expenditures for healthcare technology incentives are 100% federal funds. Administrative costs earn a 90% federal match.

## 4. Is this a federally mandated program? If yes, please explain.

No.

# 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



Department: Social Services

HB Section: 11.425

Program Name: Electronic Health Records (EHR) Incentive

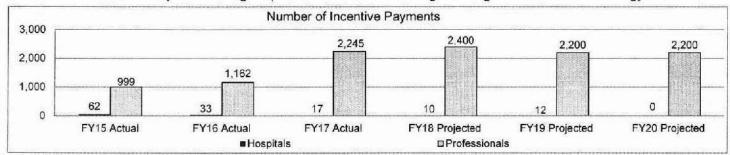
Program is found in the following core budget(s): Electronic Health Records Incentive

## 6. What are the sources of the "Other" funds?

N/A

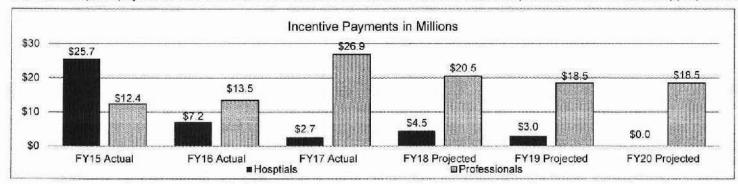
## 7a. Provide an effectiveness measure.

Increase the number of hospitals and eligible professionals demonstrating meaningful use of EHR technology.



## 7b. Provide an efficiency measure.

Provide adequate payments for Electronic Health Records Incentives to MO HealthNet providers with the funds appropriated.



## 7c. Provide the number of clients/individuals served, if applicable.

N/A

# 7d. Provide a customer satisfaction measure, if available.

N/A

Department: Social Services

**Budget Unit:** 

90524C

Division: MO HealthNet

Core: Money Follows the Person

**HB Section:** 

11.430

		FY 2019 Budge	t Request			FY 2	019 Governor's F	Recommendatio	n
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS			<del></del>		PS	A. A.			
EE	0	532,549	0	532,549	EE	0	532,549	0	532,549
PSD					PSD				
TRF					TRF				
Total	0	532,549	0	532,549	Total	0	532,549	0	532,549
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
Note: Fringes but directly to MoDO		는 MENORY (1985) 이 등을 하게 되었다.		oudgeted			se Bill 5 except for trol, and Conserva		oudgeted

Other Funds: N/A

Other Funds: N/A

# 2. CORE DESCRIPTION

This item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state-owned habilitation centers to Home and Community Based Services.

# 3. PROGRAM LISTING (list programs included in this core funding)

Money Follows the Person

Department: Social Services

Budget Unit: 90524C

11.430

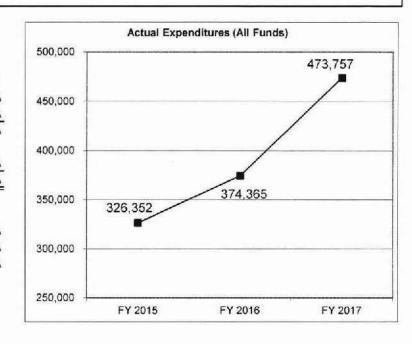
Division: MO HealthNet

**HB Section:** 

Core: Money Follows the Person

# 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	532,549	532,549	532,549	532,549
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	532,549	532,549	532,549	N/A
Actual Expenditures (All Funds)	326,352	374,365	473,757	N/A
Unexpended (All Funds)	206,197	158,184	58,792	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	206,197	158,184	58,792	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

# NOTES:

# **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES MONEY FOLLOWS THE PERSON GRANT

# 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federa	ıl	Other	Total	Explanation
TAFP AFTER VETO	ES									
			EE	0.00	3	0 532	,549		0 532,5	549
			Total	0.00		0 532	,549		0 532,5	649
DEPARTMENT COR	RE ADJ	USTME	NTS							
Core Reallocation	480	8398	EE	0.00		0 (25,	000)		0 (25,0	<ol> <li>Core reallocations will more closely align budget with planned expenditures.</li> </ol>
Core Reallocation	480	8398	PD	0.00		0 25	,000		0 25,0	OOO Core reallocations will more closely align budget with planned expenditures.
NET DE	PARTI	MENT C	HANGES	0.00	1	0	0		0	0
EPARTMENT COR	E REQ	UEST								
			EE	0.00	į.	0 507	,549		0 507,5	49
			PD	0.00		0 25	,000		0 25,0	000
			Total	0.00		0 532	,549		0 532,5	49
GOVERNOR'S REC	OMME	NDED (	CORE							
			EE	0.00		0 507	549		507,5	49
			PD	0.00		0 25	,000		0 25,0	000
			Total	0.00		0 532	,549	7	0 532,5	49

# **DECISION ITEM SUMMARY**

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
<b>Budget Object Summary</b>	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MONEY FOLLOWS THE PERSON GRANT								
CORE								
EXPENSE & EQUIPMENT DEPT OF SOC SERV FEDERAL & OTH	450,440	0.00	532,549	0.00	507,549	0.00	507,549	0.00
TOTAL - EE	450,440	0.00	532,549	0.00	507,549	0.00	507,549	0.00
PROGRAM-SPECIFIC			1200-2007		The State of the State of Control		1 3.84 e-0 6.84 -200	
DEPT OF SOC SERV FEDERAL & OTH	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00
TOTAL - PD	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00
TOTAL	473,757	0.00	532,549	0.00	532,549	0.00	532,549	0.00
GRAND TOTAL	\$473,757	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
MONEY FOLLOWS THE PERSON GRANT									
CORE									
TRAVEL, IN-STATE	721	0.00	2,086	0.00	1,000	0.00	1,000	0.00	
TRAVEL, OUT-OF-STATE	1,365	0.00	0	0.00	1,086	0.00	1,086	0.00	
SUPPLIES	696	0.00	175	0.00	675	0.00	675	0.00	
PROFESSIONAL SERVICES	446,861	0.00	529,988	0.00	503,988	0.00	503,988	0.00	
BUILDING LEASE PAYMENTS	160	0.00	150	0.00	150	0.00	150	0.00	
MISCELLANEOUS EXPENSES	637	0.00	150	0.00	650	0.00	650	0.00	
TOTAL - EE	450,440	0.00	532,549	0.00	507,549	0.00	507,549	0.00	
PROGRAM DISTRIBUTIONS	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00	
TOTAL - PD	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00	
GRAND TOTAL	\$473,757	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	
FEDERAL FUNDS	\$473,757	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Department: Social Services HB Section: 11.430

Program Name: Money Follows The Person

Program is found in the following core budget(s): Money Follows the Person

#### 1a. What strategic priority does this program address?

Transition of care to "home"

#### 1b. What does this program do?

#### **Program Description**

This item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions eligible individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state owned habilitation centers to Home and Community Based Services (HCBS). In order to be eligible for the MFP program, an individual must meet the following criteria:

- Have been in a Skilled Nursing Facility (SNF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) for at least 90 consecutive (non-Medicare Rehab) days;
- · Be Medicaid eligible at the time of transition;
- · Move into qualified housing; and
- · Sign a participation agreement.

At the time of discharge from a nursing facility or state-owned habilitation center, the participant must be in a certified Medicaid bed.

#### **Program Statistics**

Since the first transition in October 2007 through June 30, 2017, the MFP program has successfully transitioned 1,573 individuals from institutional settings to the community. Federal grant awards are available to states for the fiscal year they receive the award, and four additional fiscal years after. Any unused grant funds awarded in FFY 2016 can be used through FFY 2020.

In the past, because the grant was only extended for a limited time, CMS required the state to submit a sustainability plan. Missouri submitted a plan to CMS with an indication the state would continue to transition individuals with disabilities and those who are aged from ICF/IDs and SNFs to community settings of their choice. It was also explained the state would research the use of current or new waiver services, state plan, or administrative dollars to maintain the current infrastructure. CMS approved the submitted plan in July 2015. For more information on sustainability planning, see additional details below.

#### **Program Goals**

To support Missouri citizens who have disabilities and those who are aging to transition from institutional to quality community settings that are consistent with their individual support needs and preferences. MFP proposes to assist in the transition of an additional 446 individuals by December 31, 2018.

## **Program Objectives**

MFP provides initial funding and support to:

- Identify barriers that prevent individuals currently residing in state or private facilities from accessing needed long-term community support services;
- Improve the ability of the Missouri Medicaid program to continue the provision of HCBS long term care services to those individuals choosing to transition to communities; and
- Ensure procedures are in place to provide continuous quality improvement in HCBS.

Department: Social Services HB Section: 11.430

Program Name: Money Follows The Person

Program is found in the following core budget(s): Money Follows the Person

#### Reimbursement Methodology

This program provides payment for the administration of the MFP program and is 100% funded through a federal grant. DSS contracts with the University of Missouri-Kansas City to provide administrative support for the program.

Once enrolled, participants reside in the MFP program for 365 community days after which they seamlessly transition to the regular HCBS programs. Eligible individuals who transition from institutionalized settings to HCBS are eligible for enhanced federal match (81.61% FMAP as of FFY 2017) for community services for the first year after transition. After one year, community services provided to MFP participants are earned at the standard FMAP rate. HCBS program dollars for MFP participants are appropriated from their respective budgets in DHSS and DMH.

The federal grant also provides up to \$2,400 for demonstration transition services to participants transitioning from a nursing facility as a one-time assistance for transition costs to set up a home in the community. The state portion for the transition services are paid out of the DHSS budget, while the enhanced federal match is paid through the MFP grant. As of January 1, 2016, the grant added a demonstration service of Assistive Technology (AT) for individuals who are elderly or have a physical disability. Up to \$5,000 for AT services are available to individuals who transition. The AT services cover assistive technology, environmental accessibility, and vehicle access modifications. Both the transition and AT demonstration services can be used any time within the 365 days. The state portion of the AT services are paid out of the DESE Missouri Assistive Technology budget, while the enhanced federal match is paid through the MFP grant.

#### 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 6071 of the Federal Deficit Reduction Act of 2005; PL 109-171, and amended by the Affordable Care Act, Section 2403.

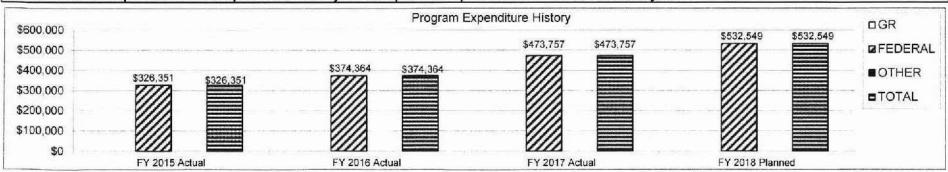
#### 3. Are there federal matching requirements? If yes, please explain.

MFP administrative expenditures earn 100% federal matching funds.

# 4. Is this a federally mandated program? If yes, please explain.

No.

# 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



Department: Social Services

HB Section: 11.430

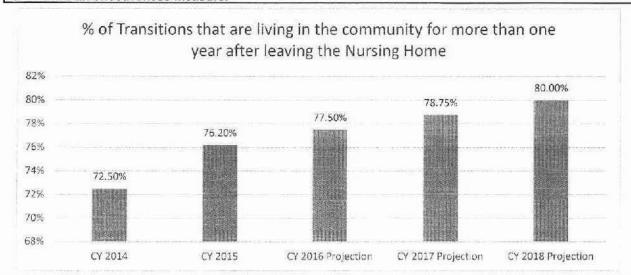
Program Name: Money Follows The Person

Program is found in the following core budget(s): Money Follows the Person

## 6. What are the sources of the "Other" funds?

N/A

## 7a. Provide an effectiveness measure.



As part of HB343, the Department of Health and Senior Services estimated the overall MFP program cost savings for the 525 MFP participants with Physical Disabilities or who were Aged and transitioned between State FY12 through State FY15. They compared Estimated Skilled Nursing Facility Costs to the combined Home and Community Based Service Costs/MFP Service Costs for the individuals. The average estimated MFP savings per participant was \$32,489.

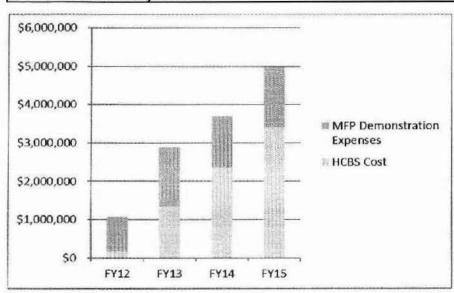
Department: Social Services

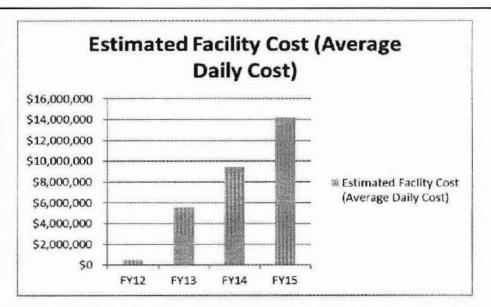
HB Section: 11.430

Program Name: Money Follows The Person

Program is found in the following core budget(s): Money Follows the Person

## 7b. Provide an efficiency measure.





Total estimated facility costs (based on the average daily cost estimate) for the period would have totaled \$29,695,757 (\$11,029,429 GR). Total costs combining Home and Community Based Service (HCBS) Costs and MFP Demonstration Expenses for the period totaled \$12,638,846 (\$4,683,606 GR). Overall cost savings through the comparison for the four fiscal years totaled \$17,056,911 (\$6,345,823 GR), which equals \$1,586,455 average GR for each state fiscal year

## 7c. Provide the number of clients/individuals served, if applicable.

### **Number of Transitions by Target Population**

Calendar Year	Elderly	Developmental Disability	Physical Disability	Developmental Disability/ Mental Illness	Total
CY 2013 Actual	35	34	92	2	163
CY 2014 Actual	53	22	108	3	186
CY 2015 Actual	64	61	120	4	249
CY 2016 Actual	65	24	135	1	225
CY 2017 Projected	57	25	134	2	218
CY 2018 Projected	61	24	141	2	228

Department: Social Services

HB Section: 11.430

Program Name: Money Follows The Person

Program is found in the following core budget(s): Money Follows the Person

7d. Provide a customer satisfaction measure, if available.

N/A

PS

EE

**PSD** 

TRF

Total

FTE

Department: Social Services

Budget Unit:

90541C

Division: MO HealthNet Core: Pharmacy

**HB Section:** 

11.435

GR

200,000

93,024,439

93.224.439

0.00

1. CORE FINANCIAL SUMMARY FY 2019 Budget Request GR Other Total Federal PS EE 0 200,000 207,578 407.578 PSD 110,409,884 802,428,766 323,690,613 1,236,529,263 TRF Total 110,609,884 802,636,344 323,690,613 1,236,936,841 FTE 0.00 0.00 0.00 0.00 Est. Fringe 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

 Est. Fringe
 0
 0
 0

 Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

0.00

Federal

795, 191, 233

795.398.811

207,578

Other Funds: Pharmacy Rebates Fund (0114) - \$236,745,912

Third Party Liability Collections Fund (TPL) (0120) - \$4,217,574 Pharmacy Reimbursement Allowance Fund (0144) - \$64,827,527

Health Initiatives Fund (HIF) (0275) - \$3,543,350

Premium Fund (0885) - \$3,800,000

Life Sciences Research Trust Fund (0763) - \$10,556,250

Other Funds: Pharmacy Rebates Fund (0114) - \$236,745,912

Third Party Liability Collections Fund (TPL) (0120) - \$4,217,574 Pharmacy Reimbursement Allowance Fund (0144) - \$64,827,527

FY 2019 Governor's Recommendation

Other

323,690,613

323,690,613

0

0.00

Total

1,211,906,285

1,212,313,863

407.578

0.00

E

Health Initiatives Fund (HIF) (0275) - \$3,543,350

Premium Fund (0885) - \$3,800,000

Life Sciences Research Trust Fund (0763) - \$10,556,250

#### 2. CORE DESCRIPTION

This item funds the pharmacy program which is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation. Funding provides pharmacy services for both managed care and fee-for-service populations. Beginning on October 1, 2009, pharmacy services were carved-out of the managed care capitation rates and the state began administering the pharmacy benefit for participants enrolled in managed care as well as participants enrolled in fee-for-service.

# 3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy

Department: Social Services
Division: MO HealthNet

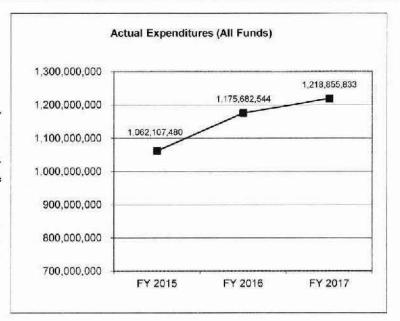
Budget Unit: 90541C

Core: Pharmacy

HB Section: 11.435

#### 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	1,141,350,373	1,330,027,082	1,391,717,300	1,296,638,512
Less Reverted (All Funds)	(29,079)	(29,079)	0	0
Less Restricted (All Funds)	0	0	(42,800,000)	0
Budget Authority (All Funds)	1,141,321,294	1,329,998,003	1,348,917,300	1,296,638,512
Actual Expenditures (All Funds)	1,062,107,480	1,175,682,544	1,218,855,833	N/A
Unexpended (All Funds)	79,213,814	154,315,459	130,061,467	N/A
Unexpended, by Fund:				
General Revenue	0	315,714	12,793,886	N/A
Federal	0	93,953,604	114,293,459	N/A
Other	79,213,814	60,046,141	2,974,122	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

- (1) There was a FY15 Supplemental Budget of \$82,265,732 GR. Unexpended funds include \$53,597,284 shortfall in tobacco settlement funds to the Healthy Families Trust Fund and the Life Sciences Research Trust Fund; \$10,000,000 shortfall in revenue to the Surplus Revenue Fund; and \$15,616,530 shortfall in available revenue to the Pharmacy FRA fund. Expenditures of \$23,054,862 were paid from Clawback and \$43,927,560 were paid from Managed Care.
- (2) There was a FY16 Supplemental Budget of \$73,528,529 GR. Unexpended funds include \$33,718,140 shortfall in tobacco settlement funds to the Healthy Families Trust Fund and the Life Sciences Research Trust Fund; \$15,400,000 shortfall in revenue to the Pharmacy Rebates Fund; and \$1,945,023 shortfall in available revenue to the Pharmacy FRA fund. Expenditures of \$50,174,019 were paid from Clawback.
- (3) There was a FY17 Supplemental Budget of \$27,100,000 Pharmacy Rebates Fund. Unexpended Funds include \$12,793,886 from GR; \$40,700,551 from Federal; and \$2,974,122 from PFRA. Expenditures of \$10,305,704 were paid from Pharmacy for Clawback; \$406,461 were paid from Pharmacy for State Medical; and \$5,368 were paid from Pharmacy for Blind Pension Part D.

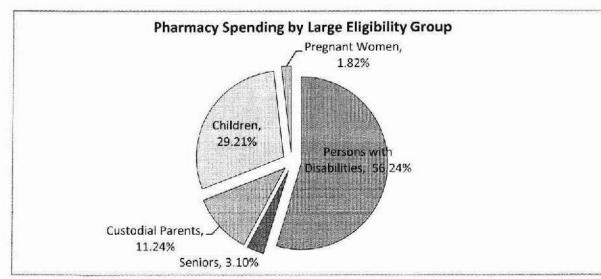
Department: Social Services
Division: MO HealthNet

Core: Pharmacy

Cost Per Eligible - Per Member Per Month (PMPM)

	Pharmacy PMPM	Acute Care PMPM	Total PMPM	Pharmacy Percentage of Acute	Pharmacy Percentage of Total
PTD	\$377.28	\$1,127.90	\$2,188.07	33.45%	17.24%
Seniors	\$42.38	\$406.24	\$1,679.11	10.43%	2.52%
Custodial Parents	\$121.37	\$476.89	\$515.48	25.45%	23.55%
Children*	\$52.38	\$266.90	\$297.35	19.63%	17.62%
Pregnant Women	\$83.56	\$899.91	\$916.46	9.29%	9.12%

Source: Table 23 Medical Statistics for FY 17. (Paid Claims Data)



Source: Table 23 Medical Statistics for FY 17. (Paid Claims Data)

Budget Unit: 90541C

HB Section: 11.435

The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MHD management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for pharmacy, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/ lab/x-ray, outpatient/clinic, pharmacy, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MHD. It does not include nursing facilities, inhome services, mental health services and state institutions. By comparing the pharmacy PMPM to the acute care PMPM, MHD management can monitor the progress of interventions controlled by MHD management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for pharmacy services. It provides a snapshot of what eligibility groups are receiving pharmacy services, as well as the populations impacted by program changes.

<sup>\*</sup> CHIP eligibles not included

# **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES PHARMACY

# 5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETO	ES								
			EE	0.00	0	207,578	0	207,578	
			PD	0.00	124,739,301	848,001,020	323,690,613	1,296,430,934	
			Total	0.00	124,739,301	848,208,598	323,690,613	1,296,638,512	
DEPARTMENT CO	RE ADJ	JSTME	NTS						
Core Reduction	1582	2526	PD	0.00	0	(13,107,337)	0	(13,107,337)	Core reduction corresponding to GR pickup NDI
Core Reduction	1668	2526	PD	0.00	0	(32,464,917)	0	(32,464,917)	Est FY18 lapse core redux
Core Reduction	1668	2525	PD	0.00	(14,129,417)	0	0	(14,129,417)	Est FY18 lapse core redux
Core Reallocation	481	2525	EE	0.00	200,000	0	0	200,000	Core reallocations will more closely align budget with planned expenditures.
Core Reallocation	481	2525	PD	0.00	(200,000)	0	0	(200,000)	Core reallocations will more closely align budget with planned expenditures.
NET DE	PARTI	IENT C	HANGES	0.00	(14,129,417)	(45,572,254)	0	(59,701,671)	
DEPARTMENT COR	RE REQ	UEST							
			EE	0.00	200,000	207,578	0	407,578	
			PD	0.00	110,409,884	802,428,766	323,690,613	1,236,529,263	
			Total	0.00	110,609,884	802,636,344	323,690,613	1,236,936,841	
GOVERNOR'S ADD	ITIONAI	L COR	E ADJUSTI	WENTS	-11+ - 21+100000				
Core Reduction	2040		PD	0.00	0	(978,045)	0	(978,045)	
Core Reduction	2040	2525	PD	0.00	(521,955)	0	0	(521,955)	

# CORE RECONCILIATION DETAIL

# DEPARTMENT OF SOCIAL SERVICES PHARMACY

# 5. CORE RECONCILIATION DETAIL

			Budget	\$1-1-20VETS		(20) (1.20)	2.7		22 3 70	
		9	Class	FTE	GR	Federal	Other		Total	E
GOVERNOR'S	ADDITIONAL	CORE	<b>ADJUST</b>	MENTS						
Core Reduction	2041	2525	PD	0.00	(3,340,512)	0	C	)	(3,340,512)	
Core Reduction	2041	2526	PD	0.00	0	(6,259,488)	0	)	(6,259,488)	
Core Reduction	2053	2525	PD	0.00	(13,522,978)	0	0	) (	13,522,978)	
NE	T GOVERNO	R CHAI	NGES	0.00	(17,385,445)	(7,237,533)	C	) (	24,622,978)	
GOVERNOR'S	RECOMMEN	DED CO	DRE							
			EE	0.00	200,000	207,578	C	)	407,578	
		782	PD	0.00	93,024,439	795,191,233	323,690,613	3 1,:	211,906,285	
			Total	0.00	93,224,439	795,398,811	323,690,613	3 1,2	212,313,863	

# **DECISION ITEM SUMMARY**

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	200,000	0.00	200,000	0.00
TITLE XIX-FEDERAL AND OTHER	1,389,739	0.00	207,578	0.00	207,578	0.00	207,578	0.00
TOTAL - EE	1,389,739	0.00	207,578	0.00	407,578	0.00	407,578	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	33,903,608	0.00	124,739,301	0.00	110,409,884	0.00	93,024,439	0.00
TITLE XIX-FEDERAL AND OTHER	839,959,150	0.00	848,001,020	0.00	802,428,766	0.00	795,191,233	0.00
PHARMACY REBATES	261,807,650	0.00	236,745,912	0.00	236,745,912	0.00	236,745,912	0.00
THIRD PARTY LIABILITY COLLECT	4,217,574	0.00	4,217,574	0.00	4,217,574	0.00	4,217,574	0.00
PHARMACY REIMBURSEMENT ALLOWAN	59,678,512	0.00	64,827,527	0.00	64,827,527	0.00	64,827,527	0.00
HEALTH INITIATIVES	3,543,350	0.00	3,543,350	0.00	3,543,350	0.00	3,543,350	0.00
LIFE SCIENCES RESEARCH TRUST	10,556,250	0.00	10,556,250	0.00	10,556,250	0.00	10,556,250	0.00
PREMIUM	3,800,000	0.00	3,800,000	0.00	3,800,000	0.00	3,800,000	0.00
TOTAL - PD	1,217,466,094	0.00	1,296,430,934	0.00	1,236,529,263	0,00	1,211,906,285	0.00
TOTAL	1,218,855,833	0.00	1,296,638,512	0.00	1,236,936,841	0.00	1,212,313,863	0.00
Year 1 Asset Limit CTC - 0000016								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	935,369	0.00	377,587	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	6,069,272	0.00	2,553,349	0.00
PHARMACY REBATES	0	0.00	0	0.00	1,180,308	0.00	476,463	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	1,259,920	0.00	508,601	0.00
TOTAL - PD	0	0.00	0	0.00	9,444,869	0.00	3,916,000	0.00
TOTAL	0	0.00	0	0.00	9,444,869	0.00	3,916,000	0.00
Year 2 Asset Limit Increase - 0000017								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	352,460	0.00	240,202	0.00
TITLE XIX-FEDERAL AND OTHER	ō	0.00	ō	0.00	2,286,989	0.00	1,624,316	0.00
PHARMACY REBATES	Ö	0.00	ā	0.00	444,757	0.00	303,103	0.00

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# **DECISION ITEM SUMMARY**

						DEC	1310KII EIVI	COMME
Budget Unit		,						
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Year 2 Asset Limit Increase - 0000017								
PROGRAM-SPECIFIC								
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	474,756	0.00	323,547	0.00
TOTAL - PD	0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00
TOTAL	0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00
MO HEALTHNET GR PICKUP - 1886018								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	13,107,337	0.00	13,107,337	0.00
TOTAL - PD	0	0.00	0	0.00	13,107,337	0.00	13,107,337	0.00
TOTAL	0	0.00	0	0.00	13,107,337	0.00	13,107,337	0.00
Pharmacy PMPM Inc-Specialty - 1886011								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	19,524,645	0.00	18,853,984	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	35,105,029	0.00	35,328,801	0.00
TOTAL - PD	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00
TOTAL	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00
Phrmacy PMPM Inc-Non Specialty - 1886012								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,294,165	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	. 0	0.00	4,124,876	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,419,041	0.00	0	0.00
TOTAL	0	0.00	0	0.00	6,419,041	0.00	0	0.00

# FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER:	90541C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	Pharmacy			
OUSE BILL SECTION:	11.435		DIVISION:	MO HealthNet
	nd explain why t	he flexibility is needed	l. If flexibility is bein	ense and equipment flexibility you are requesting grequested among divisions, provide the amour flexibility is needed.
		Governor's R	ecommended	
<b>Total</b> \$ 1,212,313,863	% Flex Flex Am 10% \$ 121,23			ent (10%) flexibility is requested between sections 11.410, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
ear Budget? Please specify the PRIOR YEAR ACTUAL AMOUNT OF FLE	amount.	CURRI	ENT YEAR O AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
ACTUAL AMOUNT OF TELE	KIDIEIT I GOLD	50-54-55 V/ms	AT WILL DE GOLD	
\$80,037,158		flexibility betwee 11.455, 11.460, 1	e allows up to 10% en 11.410, 11.435, 1.465, 11.470, 11.480, 11.555, and 11.600	10% flexibility is being requested for FY19
	used in the prior	flexibility betwee 11.455, 11.460, 11.490, 11.510,	en 11.410, 11.435, 1.465, 11.470, 11.480,	FLEXIBILITY THAT WILL BE USED
Please explain how flexibility was	used in the prior a OR YEAR I ACTUAL USE	flexibility betwee 11.455, 11.460, 11.490, 11.510,	en 11.410, 11.435, 1.465, 11.470, 11.480,	FLEXIBILITY THAT WILL BE USED
Please explain how flexibility was PRI EXPLAIN	OR YEAR I ACTUAL USE	flexibility betwee 11.455, 11.460, 13 11.490, 11.510, and/or current years.	en 11.410, 11.435, 1.465, 11.470, 11.480, 11.555, and 11.600	10% flexibility is being requested for FY19  CURRENT YEAR

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
CORE								
PROFESSIONAL SERVICES	1,389,739	0.00	207,578	0.00	407,578	0.00	407,578	0.00
TOTAL - EE	1,389,739	0.00	207,578	0.00	407,578	0.00	407,578	0.00
PROGRAM DISTRIBUTIONS	1,217,466,094	0.00	1,296,430,934	0.00	1,236,529,263	0.00	1,211,906,285	0.00
TOTAL - PD	1,217,466,094	0.00	1,296,430,934	0.00	1,236,529,263	0.00	1,211,906,285	0.00
GRAND TOTAL	\$1,218,855,833	0.00	\$1,296,638,512	0.00	\$1,236,936,841	0.00	\$1,212,313,863	0.00
GENERAL REVENUE	\$33,903,608	0.00	\$124,739,301	0.00	\$110,609,884	0.00	\$93,224,439	0.00
FEDERAL FUNDS	\$841,348,889	0.00	\$848,208,598	0.00	\$802,636,344	0.00	\$795,398,811	0.00
OTHER FUNDS	\$343,603,336	0.00	\$323,690,613	0.00	\$323,690,613	0.00	\$323,690,613	0.00

Department: Social Services HB Section: 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

## 1a. What strategic priority does this program address?

Access safe/cost effective medications

## 1b. What does this program do?

### **Program Description**

The MO HealthNet Pharmacy Program reimburses outpatient prescription drugs for managed care and fee-for-service eligibles. Effective January 1, 1991, the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) pharmacy provisions significantly expanded the coverage to include reimbursements for all drug product of manufacturers who have entered into a rebate agreement with the Federal Department of Health and Human Services (HHS) and that are dispensed by qualified providers. States have the authority for certain exceptions and to exclude from coverage certain specified categories of drugs. In addition, OBRA-90 included provisions requiring both a prospective and retrospective drug use review program.

#### **Program Statistics**

In FY17, there were approximately 12.9 million paid pharmacy claims. Generic drugs made up 84% of these claims, while only comprising 31% of the pharmacy spend.

This program represents 14.94% of the total FY 2017 MO HealthNet Division expenditures.

## **Program Goals**

The goal of the MO HealthNet Pharmacy Program is to ensure that eligible participants have access to safe and effective prescription medications, balancing cost and quality considerations.

# **Program Objectives**

The objectives of the pharmacy program include:

- · Operation of the program consistent with provisions of federal and state laws and regulations;
- · Development of program policy;
- Providing adequate reimbursement to providers;
- · Optimization of state administrative and fiscal resources; and
- Ensuring that participants receive safe, high-quality, and effective drug therapy.

Department: Social Services Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

HB Section: 11.435

### Reimbursement Methodology

The Centers for Medicare and Medicaid Services (CMS) published a final rule on January 1, 2016, pertaining to Medicaid reimbursement for covered outpatient drugs. The purpose of the final rule is to implement changes to the prescription drug reimbursement structure as enacted by the Affordable Care Act (ACA). States are required to establish actual acquisition cost (AAC) as the basis of ingredient cost reimbursement to providers as well as evaluate the professional dispensing fee reimbursement. With the final rule, States must also establish a payment methodology for 340B entities and 340B contract pharmacies.

In general terms, MO HealthNet drug reimbursement is made by applying the following hierarchy methodology:

- Federal Upper Limit (FUL) price, plus professional dispensing fee; if there is no FUL,
- Missouri Maximum Allowed Cost (MAC), plus professional dispensing fee; if no FUL or MAC,
- Wholesale Acquisition Cost (WAC) minus 3.1%, plus professional dispensing fee, or
- The usual and customary (U&C) charge submitted by the provider IF it is lower than the chosen price (FUL, MAC, or WAC).

The WAC is the manufacturer's published catalog or list price for a drug product to wholesalers, the FUL is the maximum reimbursement for a multi-source drug established at a federal level, and the MAC is the maximum reimbursement for a multi-source (generic) drug set at a state level.

MO HealthNet uses its electronic tools incorporating clinical and fiscal criteria derived from best practices and evidence-based medical information to adjudicate claims through clinical and fiscal edits, preferred drug list edits, and prior authorization (see below for more information). Pharmacies doing business in Missouri are also assessed a provider tax. Funds from this tax are used to provide enhanced dispensing fee payments and to support MO HealthNet pharmacy payments. See the Pharmacy Reimbursement Allowance tab for more detail.

CMS approval is pending for the above reimbursement methodology.

## Rebate Program

The U.S. Congress created the Medicaid outpatient prescription drug rebate program when it enacted the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). The goal of the program is to reduce the cost of outpatient prescription drugs by requiring drug manufacturers to pay a rebate directly to state Medicaid programs. The purpose of the program is to reduce the cost of prescription drugs without placing an undue burden on pharmacies. The intent of this rebate is to allow state and federal governments to receive price reductions similar to those received by other high volume purchasers of drugs.

OBRA '90 requires all drug manufacturers to enter into a drug rebate agreement with CMS before their product lines will be eligible for coverage by Medicaid. Currently, approximately 700 manufacturers have signed agreements with Centers for Medicare and Medicaid Services (CMS) and participate in the Drug Rebate Program. For MO HealthNet participants, approximately 570 manufacturers have products dispensed and are invoiced quarterly. Once the drug manufacturer has entered into the agreement, the state Medicaid programs are required to provide coverage of the manufacturers' drug products. However, the state has the option of excluding certain categories of the manufacturer's products or requiring prior authorization for reimbursement of products. Manufacturers are required to calculate and make rebate payments to the state Medicaid agency for the manufacturers' covered outpatient drugs reimbursed by the state during each quarter. Manufacturers are to be invoiced no later than 60 days after the end of each calendar quarter and are required to make payment for the calculated drug rebate directly to the state Medicaid program within 38 days of invoicing.

Department: Social Services HB Section: 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

The Affordable Care Act of 2010 provided enhancements to the Federal Drug Rebate requirements. Rebates are as follows: 23.1% of Average Manufacturer Price (AMP) for single-source brand-name drugs, 13% of AMP for multi-source generic drugs, and 17% of AMP for single-source generic drugs. In addition, the manufacturer may be required to pay an additional rebate amount, based on a calculation related to the Consumer Price Index and price increases for a drug. Approximately 37% of the total rebates collected are used as a state share funding source rather than using General Revenue funds. The approximate 63% federal share of the rebates collected are returned to the federal government.

In addition to the Federal Drug Rebate Program, MO HealthNet may negotiate additional discounts in the form of Supplemental Drug Rebates. Drug manufacturers may contract to pay National Drug Code (NDC)-specific Supplemental Drug Rebates as a condition for placement on the state's Preferred Drug List (PDL). MO HealthNet invoices and collects these rebates from manufacturers, along with the federal rebates, and submits the federal portion of the rebates to CMS while retaining the state share.

## 340b Drug Repricing

340b covered entities are eligible to purchase discounted drugs through the Public Health Service Act's 340b Drug Discount program. Examples of 340b entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance programs, and family planning clinics. MHD is working collaboratively with stakeholders to encourage 340b participation by covered entities. By working with covered entities, savings from 340b pricing for MO HealthNet participants' prescriptions are shared with the Medicaid program.

## Benefit Management and Cost Savings Tools

## Clinical Management Services and System for Pharmacy Claims and Prior Authorization (CMSP)

Through a contract with Conduent (formerly Xerox), MHD operates an innovative electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, and Drug Utilization Review (DUR) processes. The current CMSP claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real time data to participating MO HealthNet providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

The contract with Conduent (formerly Xerox) utilizes their CyberAccessSM tool to create integrated patient profiles containing prescription information, as well as patient diagnoses and procedure codes for a running 24 months of history. CyberAccessSM provides: daily updated participant claims history profiles, identifying all drugs, procedures, related diagnoses and ordering providers from claims paid by MHD for a rolling 36 month period; and 3 years of point of service (POS) pharmacy claims refreshed every 10 minutes.

Department: Social Services HB Section: 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

#### Fiscal and Clinical Edits

This initiative optimizes the use of program funds and enhances patient care through improved use of pharmaceuticals. Since the implementation of the Omnibus Budget Reduction Act of 1990 (OBRA 90), education on the use of pharmaceuticals has been accomplished primarily through DUR. However, the prospective DUR alerts currently generated by the fiscal agent have been largely ignored by pharmacy providers as they are more general in nature and few are tied to claim reimbursement. Other third party payers have successfully utilized more extensive evidence based claims screening edits in an effort to control costs. These edits are applicable within the Medicaid program to achieve similar cost controls.

### Point-of-Service Pharmacy

Claims are routed through Conduent's (formerly Xerox) automated system to apply edits specifically designed to assure effective utilization of pharmaceuticals. The edits are founded on evidence-based clinical and nationally recognized expert consensus criteria. Claims will continue to be processed by Wipro for all other edits and final adjudication. After processing by Conduent and Wipro, the claim is sent back to the provider with a total processing time of approximately 10 seconds. Claims which are denied by the system edits will require an override from the existing help desk. Providers seeking an override must contact the help desk for approval, which will be granted if medically necessary.

#### Preferred Drug List (PDL) Edits

The PDL utilizes information from various clinical sources, including the UMKC Drug Information Center, the Oregon Evidence-Based Drug Research Consortium, our clinical contractors, and our own clinical research team. Clinical information is paired with fiscal evaluation to develop a therapeutic class recommendation. The resulting PDL process incorporates clinical edits, including step therapies, into the prescription drug program. Clinical edits are designed to enhance patient care and optimize the use of program funds through therapeutically prudent use of pharmaceuticals. Pharmacy claims are routed through an automated computer system to apply edits specifically designed to ensure effective and appropriate drug utilization. The goal is to encourage cost effective therapy within the selected drug class.

#### Prior Authorization

Any covered outpatient drug can be subject to prior authorization (PA). Effective August 1, 1992, a prior authorization (PA) process was implemented for certain specific drugs under the pharmacy program. In conjunction with MO HealthNet Advisory groups (see below), approval criteria are established with the minimum being approved FDA clinical indication. MO HealthNet may establish additional clinical and/or fiscal criteria for approval or denial.

Drug PA requests are received via telephone, fax or mail. All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which a PA is being requested. As specified in OBRA 90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of receipt. All requests must include all required information. Requests received with insufficient information for review or received from someone other than a physician or authorized prescriber will not initiate a PA review nor the 24-hour response period. Drug PA requests received via telephone are keyed on-line and notification of approval will be given at the time of the call or by return fax or phone call. The MO HealthNet technicians who staff this hotline work through algorithms developed by the Drug Prior Authorization Committee with the assistance of UMKC-DIC School of Pharmacy. These algorithms are sets of questions used to make a determination to approve or deny the request. Making the prior authorization determination on-line allows the PA file to be updated immediately. For approvals, the requestor will be given an authorization period. Pharmacies may record this information for this purpose as well.

Department: Social Services HB Section: 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

#### Drug Utilization Review

This process is currently provided by Conduent and will be an extension of the current process with some enhancements. Under the new contract, this initiative will utilize the same database/computer system as the previously described components. This system uses a relational database capable of interfacing MO HealthNet paid claims history with flexible, high quality clinical evaluation criteria. The process is designed to identify high-risk drug use patterns among physicians, pharmacists, and beneficiaries, and to educate providers (prescribers and dispensers) in appropriate and cost-effective drug use. This process is capable of identifying providers prescribing and dispensing practices which deviate from defined standards, as well as generating provider profiles and ad hoc reports for specified provider and participant populations. The goal of the program is to maximize drug therapy and outcomes and optimize expenditures for health care.

#### Board and Committee Support and Oversight

The MO HealthNet Division operates both prospective and retrospective Drug Utilization Review (DUR) as required by federal and state law. The DUR program is focused on educating health care providers in the appropriate use of medications and informing them of potential drug therapy problems found in the review of drug and diagnostic information obtained from MO HealthNet claims history. The DUR Board is central to all DUR program activities, and its duties and membership requirements are specified in state and federal law. DUR Board members are appointed by the Governor with advice and consent of the Senate, and its 13 members include six physicians, six pharmacists, and one quality assurance nurse. In an ongoing process, the DUR Board reviews and makes changes to the clinical therapeutic criteria used to generate prospective and retrospective DUR interventions. The DUR Board also advises the Division on other issues related to appropriate drug therapy and produces a quarterly newsletter for providers on selected drug topics. In addition to the Board, a Regional DUR Committee, comprised of physicians and pharmacists, evaluates individual participants' retrospective drug regimens and advises their providers on appropriate drug use or potentially problematic drug therapies.

The MO HealthNet Drug Prior Authorization (PA) Committee is established in state regulation. This advisory committee is charged with reviewing drugs and recommending those drugs which are appropriate for reimbursement as a regular benefit verses those which should be placed on prior authorization status. All such recommendations made by the Drug PA Committee are referred to the DUR Board, as they are the statutorily-appointed advisory group for final recommendation to the Division.

#### Cost Containment Initiatives

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the MO HealthNet fee-for-service pharmacy program, the MO HealthNet program continues to implement a number of administrative measures to ensure the economic and efficient provision of the MO HealthNet pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. The intent of these initiatives is to ensure that MO HealthNet participants get the right drug to meet their needs, in the right amount and for the right period of time. Examples of some of the cost containment initiatives, done via clinical management include:

- Expanded Missouri Maximum Allowable Cost (MAC) list: The list of drugs for which the state agency has established a generic reimbursement limit will be monitored and expanded on a regular basis. A mechanism is in place to review existing MACs as well as identify new generic drugs for addition to this list as they become available. This optimizes generic utilization in the MO HealthNet program.
- Preferred Drug List (PDL): As a tool for containing costs, the PDL provides access to the most cost-effective drug therapy for specific drug categories. Preferred
  status on the PDL provides the state with Supplemental Rebates for selected name-brand and/or single-source drugs and lowers the net cost. See above for PDL
  details.

Department: Social Services HB Section: 11.435

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• Edits - Dose Optimization: Effective for dates of service on or after April 16, 2002, claims submitted to the MO HealthNet Pharmacy Program are subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials can be processed through the Pharmacy hotline. Justification for utilization outside expected patterns, such as Food and Drug Administration (FDA) approved labeling, is required for approval of such an override.

- Generic Incentives: Effective for dates of service January 1, 2010 and beyond, the MO HealthNet Pharmacy Program began paying pharmacy providers a generic product preferred incentive fee. This program initiative will continue to emphasize the preference for generic utilization within the MO HealthNet pharmacy program by paying pharmacy providers an enhanced incentive fee of \$5.00 for each eligible claim.
- New Drugs Review: Prior authorization is required for all new drug entities and new dosage forms through existing drug entities that have been newly approved by
  the FDA and become available on the prescription drug market. First Data Bank is the publisher of proprietary pharmaceutical information and provides weekly
  updates to MO HealthNet covered medications, which are reviewed for medical and clinical criteria along with pharmacoeconomic impact to the pharmacy program.
  Program staff recommend ongoing management (i.e. continue PA, PDL addition, clinical edit, or open access) of each new drug, which goes to the MO HealthNet
  advisory groups for approval and implementation.
- Diabetic Testing Supplies and Syringes: In December 2003, the MHD moved diabetic testing supplies and syringes from the Durable Medical Equipment (DME) program to the pharmacy program, and initiated a single source diabetic testing supply initiative, continuing to encourage patient blood glucose testing while minimizing state expenditures. In April 2005, the pharmacy program moved to a multi-source diabetic testing supplies initiative. Diabetic testing supply products and syringes are now available in preferred status from multiple manufacturers, providing greater participant choice and generating supplemental rebates to the state.
- Enhanced Retrospective Drug Utilization: Enhanced retrospective drug utilization involves retroactively reviewing population-based patterns of drug use to compare
  those patterns to approved therapeutic guidelines in order to determine the appropriateness of care, length of treatment, drug interaction, and other clinical issues.
- Provider Audits: Daily provider audits are performed by MHD/Wipro staff for the identification and resolution of potential recoupments.
- Active Pharmaceutical Ingredients and Excipients: An API is defined by 21 C.F.R. § 207.3(a)(4) as a bulk drug substance that "is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug." An excipient is an inactive substance that forms a vehicle for the active ingredient in compounding. Effective September 1, 2017 MO HealthNet requires prior authorization (PA) on all compounded medications including an API and excipients. Requests for PA are reviewed on an individual patient basis and evaluated for medical necessity.
   Participant are required to use commercially available products is there is one available that is similar to the compound being requested.

# 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri Statute: Sections 208.152 and 208.166, RSMo.; Federal law: Social Security Act Section 1902(a)(12); state regulation: 13 CSR 70-20; Federal regulation: 42 CFR 440.120.

Department: Social Services HB Section: 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

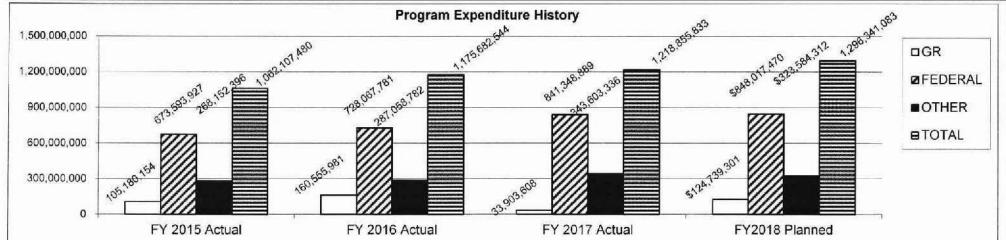
# 3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for SFY18 is a blended 64.260% federal match, with a state matching requirement is 35.740%.

## 4. Is this a federally mandated program? If yes, please explain.

Yes, pharmacy services are mandatory for children if they are identified as medically necessary health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This program is not federally mandated for adults.

# 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 planned is net of reverted and reserve.

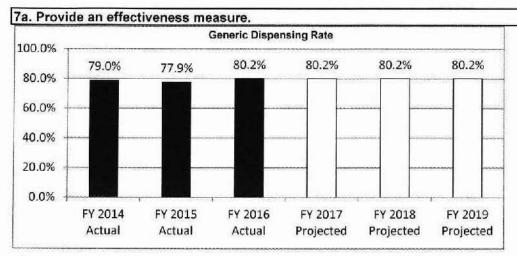
## 6. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144), Pharmacy Rebates Fund (0114), Health Initiatives Fund (0275), Third Party Liability Fund (0120), Healthy Families Trust Fund (0625), Premium Fund (0885) and Life Sciences Research Trust Fund (0763).

Department: Social Services Program Name: Pharmacy

HB Section: 11.435

Program is found in the following core budget(s): Pharmacy



The generic dispensing rate is a measure of the percent of prescriptions filled with a generic medication.

The Pharmacy Program within the MO HealthNet Division will implement a medication safety approach modeled after CMS' launch of the Overutilization Monitoring System (OMS) for Medicare Part D. Similar to the OMS, MHD's approach involves implementation of prospective claim controls at the point-of-sale (POS) for opioids, use of retrospective drug utilization review to identify participants at high risk for adverse events due opioids, case management with prescribers, followed by beneficiary-specific POS edits to address overutilization as necessary. The performance measure for the MHD-OMS will involve tracking a reduction in the total number of MHD participants identified at the greatest risk of harm from opioids. Additionally, future performance measures may include a reduction in medical-related costs for MHD participants with opioid use disorder diagnosis, compared to the ongoing cost of claims for Buprenorphine therapy.

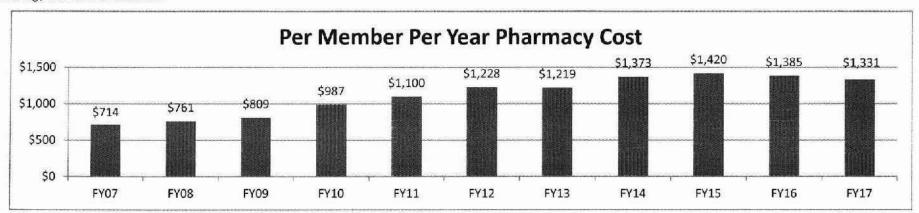
Department: Social Services Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

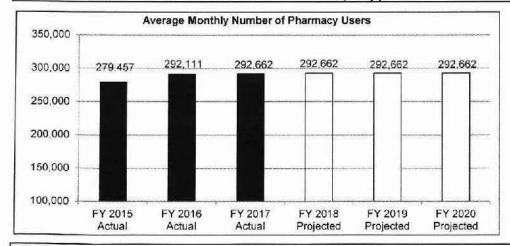
HB Section: 11.435

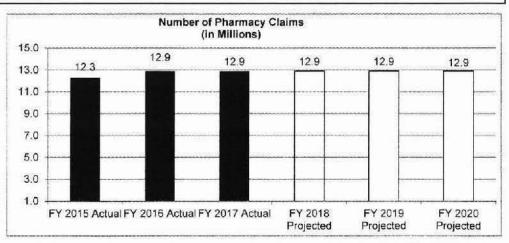
## 7b. Provide an efficiency measure.

In the future MHD will monitor fiscal stewardship of the pharmacy program by developing efficiency measures around PMPM drug cost trends and cost per claim, generic dispensing, and cost avoidance.



# 7c. Provide the number of clients/individuals served, if applicable.





7d. Provide a customer satisfaction measure, if available.

N/A

#### **CORE DECISION ITEM**

Department: Social Services

**Budget Unit:** 

90543C

Division: MO HealthNet

Core: Pharmacy - Medicare Part D "Clawback"

**HB Section:** 

11.435

		FY 2019 Budge	et Request			FY 20	019 Governor's F	Recommendati	on
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS	, <u>t</u>				PS		VI.		
EE					EE				
PSD	226,750,733	0	0	226,750,733	PSD	226,750,733	0	0	226,750,733
TRF					TRF				
Total	226,750,733	0	0	226,750,733	Total	226,750,733			226,750,733
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0 [	0	0	Est. Fringe	0	0 ]	0	0

Other funds: N/A

Other funds: N/A

# 2. CORE DESCRIPTION

This core request is for the continued funding of the Medicare Part D "Clawback". "Clawback" refers to that portion of the Medicare Prescription Drug Act which requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

# 3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy-Medicare Part D "Clawback"

#### CORE DECISION ITEM

Department: Social Services

**Budget Unit:** 

90543C

Division: MO HealthNet

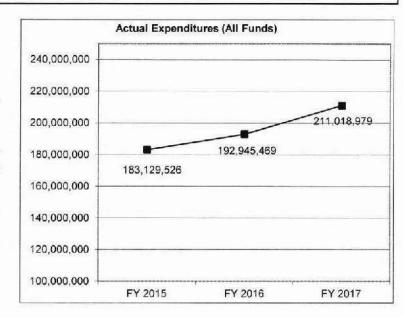
Core: Pharmacy - Medicare Part D "Clawback"

**HB Section:** 

11.435

# 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	183,129,526	192,945,469	211,018,979	228,376,331
Less Reverted (All Funds)	0	0	0	0
Budget Authority (All Funds)	186,236,499	192,945,469	211,018,979	228,376,331
Actual Expenditures (All Funds)	183,129,526	192,945,469	211,018,979	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

#### NOTES:

- (1) Expenditures of \$23,054,861 were for Pharmacy.
- (2) Expenditures of \$50,174,019 were for Pharmacy.
- (3) Expenditures of \$10,305,704 were paid from Pharmacy for Clawback.

# **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES PHARMACY-MED PART D-CLAWBACK

# 5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other		Total	Explanation
TAFP AFTER VET	OES			W					
		PD	0.00	228,376,331	0		0	228,376,331	
		Total	0.00	228,376,331	0		0	228,376,331	
DEPARTMENT CO	ORE ADJUSTME	ENTS							
Core Reduction	1669 7238	PD	0.00	(1,625,598)	0		0	(1,625,598)	Est FY18 lapse core redux
NET I	DEPARTMENT (	CHANGES	0.00	(1,625,598)	0		0	(1,625,598)	
DEPARTMENT CO	ORE REQUEST								
		PD	0.00	226,750,733	0		0	226,750,733	
		Total	0.00	226,750,733	0		0	226,750,733	841
GOVERNOR'S RE	COMMENDED	CORE							
		PD	0.00	226,750,733	0		0	226,750,733	
		Total	0.00	226,750,733	0		0	226,750,733	

# **DECISION ITEM SUMMARY**

Budget Unit							IOIOIT II EIII	oomin u
Decision Item Budget Object Summary	FY 2017 ACTUAL	FY 2017 ACTUAL	FY 2018 BUDGET	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	198,071,188	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00
TITLE XIX-FEDERAL AND OTHER	12,947,791	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	211,018,979	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00
TOTAL	211,018,979	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00
Clawback Increase - 1886013								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,224,870	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,224,870	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,224,870	0.00	0	0.00
GRAND TOTAL	\$211,018,979	0.00	\$228,376,331	0.00	\$229,975,603	0.00	\$226,750,733	0.00

# FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER:	90543C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	Clawback			
HOUSE BILL SECTION:	11.435		DIVISION:	MO HealthNet
	and explain why the flo	exibility is needed	d. If flexibility is bein	ense and equipment flexibility you are requesting g requested among divisions, provide the amoun flexibility is needed.
		Governor's R	ecommended	
<b>Total</b> \$ 226,750,733	<b>% Flex Flex Amount</b> 3 10% \$ 22,675,073			ent (10%) flexibility is requested between sections 11.410, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
	ne amount.	CURRE	much flexibility was	used in the Prior Year Budget and the Current  BUDGET REQUEST  ESTIMATED AMOUNT OF
Year Budget? Please specify th	ne amount.	CURRE	ENT YEAR	BUDGET REQUEST
Year Budget? Please specify the	ne amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11	ENT YEAR D AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
Year Budget? Please specify the PRIOR YEA ACTUAL AMOUNT OF FL	ne amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF HAT WILL BE USED e allows up to 10% en 11.410, 11.435, 1.465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
rear Budget? Please specify the PRIOR YEA ACTUAL AMOUNT OF FL  N/A Please explain how flexibility was	ne amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF HAT WILL BE USED e allows up to 10% en 11.410, 11.435, 1.465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM DISTRIBUTIONS	211,018,979	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00
TOTAL - PD	211,018,979	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00
GRAND TOTAL	\$211,018,979	0.00	\$228,376,331	0.00	\$226,750,733	0.00	\$226,750,733	0.00
GENERAL REVENUE	\$198,071,188	0.00	\$228,376,331	0.00	\$226,750,733	0.00	\$226,750,733	0.00
FEDERAL FUNDS	\$12,947,791	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Department: Social Services HB Section: 11.435

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

## 1a. What strategic priority does this program address?

Access to safe/effective medications

### 1b. What does this program do?

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 required that all individuals who are eligible for both Medicare and Medicaid, also known as dual eligible, receive their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible participants because they receive their drugs through a prescription drug plan (PDP) rather than through the state's MO HealthNet program. States are required to make a monthly payment to the federal government in lieu of the money that the states would have spent on providing prescription drugs to participants in the MO HealthNet program.

The federal government refers to this payment as the "Phased-down State Contribution", while Missouri refers to the payment as the "clawback". This clawback payment is a funding source for the Medicare Part D program.

## PROGRAM STATISTICS

The number of dual eligible participants averaged 132,634 in FY17. This program represents 2.33% of the total FY 2017 MO HealthNet Division expenditures.

#### PROGRAM GOALS

The goal of the clawback program is to use the General Revenue that the state would have paid for the dual eligible MO HealthNet pharmacy benefit and instead use it to fund the Medicare Part D program.

#### PAYMENT METHODOLOGY

The clawback consists of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state's federal Medicaid match rate, (c) the number of dual eligibles residing in the state, and (d) a "phase-down percentage" of state savings to be returned to the federal government, which began with 90% in calendar year (CY) 2006 and phased down to 75% in CY 2015. The phased-down percentage for CY 2015 and beyond is at the floor of 75.00%. The clawback rate for each state, as identified by the Centers for Medicare and Medicaid Services (CMS), is multiplied by the number of dual eligibles in each state in order to determine the monthly payment due. The clawback assessment is paid two months in arrears.

Department: Social Services

HB Section: 11.435

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

#### RATE HISTORY

Below is a chart showing the historical rates MO HealthNet paid to the federal government. Rates are adjusted each January by CMS, and adjusted again in October to account for changes in Missouri Federal Medical Assistance Percentages (FMAP) rates. In October CMS announces rates for the following January through September time period, and announces the FMAP-adjusted rates once FMAP rates are finalized.

	Clawback Rate	Change
Oct-Dec 18	\$138.18	(\$3.16)
Jan-Sept 18	\$141.34	\$1.70
Oct-Dec 17	\$139.63	(\$5.52)
Jan-Sept 17	\$145.16	\$15.47
Oct-Dec 16	\$129.69	\$0.25
Jan-Sept 16	\$129.44	\$13.47
Oct-Dec 15	\$115.97	\$0.54
Jan-Sept 15	\$115.43	\$1.58
Oct-Dec 14	\$113.85	(\$4.42)
Jan-Sept 14	\$118.27	(\$7.55)
Oct-Dec 13	\$125.92	

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173.

## 3. Are there federal matching requirements? If yes, please explain.

No.

# 4. Is this a federally mandated program? If yes, please explain.

Yes. All States, including Missouri, are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to participants in MO HealthNet.

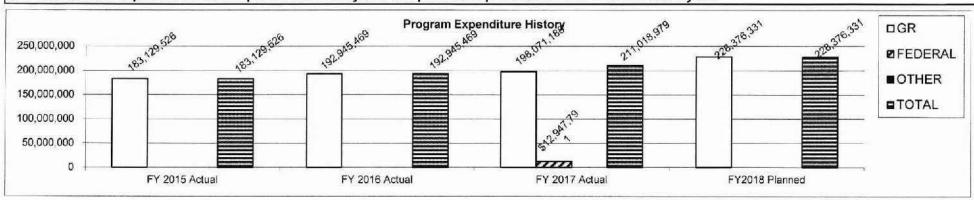
Department: Social Services

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

HB Section: 11.435

# 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



# 6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

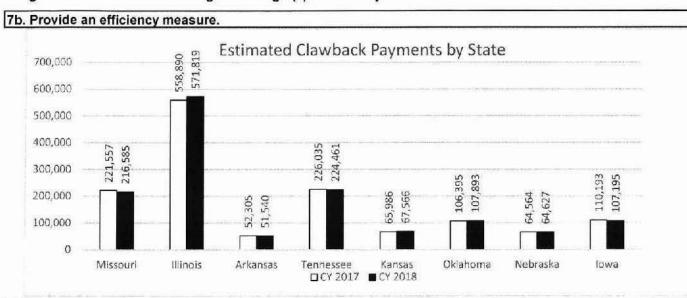
	FY17	Clawback I	ay	ments		
Billing Period	Member Mos Billed @monthly rate	Monthly Rate		etros Pd		Total Paid w/retros
May 16	132,340	129.44	\$	923	\$	17,131,013
Jun 16	134,764	129.44	\$	604	\$	17,444,456
Jul 16	133,785	129.44	\$	7 <u>2</u> 6	\$	17,317,130
Aug 16	133,017	129.44	\$	231	\$	17,217,952
Sep 16	131,813	129.44	\$	-	\$	17,061,875
Oct 16	127,788	129.44	\$	619,085	\$	17,190,633
Nov 16	129,519	129.68	\$	228,850	\$	17,024,874
Dec 16	131,555	129.68	\$	126,981	\$	17,187,033
<b>Ja</b> n 17	127,535	129.68	\$	645,676	\$	19,158,657
Feb 17	129,912	145.16	\$	257,673	\$	19,115,699
Mar 17	132,901	145.16	\$	141,611	\$	19,433,520
April 17	135,438	145.16	\$	960	\$	19,661,140
May 17	135,439	145.16	\$	960	\$ <b>\$</b>	12,844,369 <b>227,788,351</b>

Department: Social Services

Program Name: Pharmacy - Medicare Part D "Clawback"

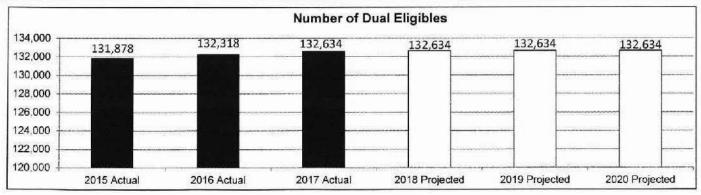
Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

HB Section: 11.435



March 2017 E	nrollments
Missouri	128,414
Illinois	298,368
Arkansas	62,969
Tennessee	148,081
Kansas	37,355
Oklahoma	90,464
Nebraska	33,559
lowa	63,547

# 7c. Provide the number of clients/individuals served, if applicable.



# 7d. Provide a customer satisfaction measure, if available.

N/A

NEW	DEC	ISION	ITEM
RA	NK:	16	

22

Budget Un 905430

	MO HealthNet					303430			
	wback Increase		D	# 1886013	HB Section	11.435			
1. AMOUNT (	OF REQUEST								
		FY 2019 Budge	et Request			FY 2	019 Governor's	Recommendati	on
	GR	Federal	Other	Total E		GR	Federal	Other	Total E
PS	1/2			- X	PS				120
EE					EE				
PSD	3,224,870	0	0	3,224,870	PSD	0	0	0	0
TRF					TRF _				
Total	3,224,870	0	0	3,224,870	Total =	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe		0	0	0
(3)	budgeted in House phway Patrol, and C	>5	ertain fringes bud	geted directly			ouse Bill 5 excep Patrol, and Cons	t for certain fringe ervation.	es budgeted
Other Funds: N	N/A				Other Funds	: N/A			
2. THIS REQU	EST CAN BE CAT	EGORIZED AS:							
	New Legislation			N	lew Program		F	und Switch	
X	Federal Mandate				rogram Expans	ion _		ost to Continue	
	GR Pick-Up			S	pace Request	-	E	quipment Replac	ement
	Pay Plan			C	ther:				

NDI SYNOPSIS: To provide for the anticipated increase in the Medicare Part D Clawback payment.

CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Department: Social Services

This decision item requests increased funding in General Revenue needed for the payment of the Medicare Part D Clawback as calculated by the Centers for Medicare and Medicaid Services (CMS). The Medicare Prescription Drug Act requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

VIE /V	/ DECI:	CION	ITERA
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		INC	M DECISION II E	IAI	
	RANK:	16	OF	22	_
Department: Social Services			<b>Budget Unit</b>	90543C	
Division: MO HealthNet					
DI Name: Clawback Increase	DI# 1886013				

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The calculation for the MO HealthNet Clawback payment is shown below. Caseload growth is assumed to be 1.15% in FY18 and .86% in FY19. The Clawback assessment rate is provided by CMS. The June 2018 to May 2019 assessment is included in the calculation because the assessment is currently paid one month in arrears. The number of duals was calculated using the average duals for FY17 and indexing to that average based on monthly ebbs and flows experienced over the last five fiscal years (FY13-FY17). The Clawback rate is revised by CMS each January. The June through December 2018 Clawback rate is based on the most recent CMS estimate. The January through May 2019 Clawback rate assumes a 3.55% increase

The Governor's Recommended budget did not inloude funding for Clawback due to a decrease in the clawback rate.

		#of duals	Clawback Rate	Monthly Clawback Amount	Estimated Retros Pd	Total Paid w/Retros
June	2018	136,704	\$141.34	\$19,321,743	\$560	\$19,322,303
July	2018	136,840	\$141.34	\$19,340,966	\$1,789	\$19,342,754
August	2018	135,243	\$141.34	\$19,115,246	\$1,308	\$19,116,553
September	2018	135,706	\$141.34	\$19,180,686	\$901	\$19,181,587
October	2018	130,865	\$139.78	\$18,292,310	\$601	\$18,292,910
November	2018	132,347	\$139.78	\$18,499,464	\$525,021	\$19,024,484
December	2018	133,218	\$139.78	\$18,621,212	\$246,512	\$18,867,725
January	2019	130,013	\$144.74	\$18,818,679	\$103,729	\$18,922,408
February	2019	132,494	\$144.74	\$19,177,790	\$595,683	\$19,773,473
March	2019	135,959	\$144.74	\$19,679,330	\$253,744	\$19,933,074
April	2019	137,434	\$144.74	\$19,892,828	\$140,852	\$20,033,680
May	2019	136,718	\$144.74	\$19,789,191	\$1,059	\$19,790,250
TOTAL		1120,000,000,000,000		\$229,729,443	\$1,871,757	\$231,601,201
35 201101 (1.01)	1	Appropriated	*			\$228,376,331
	-	Short/Need				(3,224,870

NEW	DECI	MOID	ITEM
NEVV	DEG	SIUN	LIEW

		NE	W DECISION ITE	M	
	RANK:	16	OF	22	
Department: Social Services			Budget Unit	90543C	
Division: MO HealthNet	- W		A.E.	•	_
DI Name: Clawback Increase	DI# 1996013				

5. BREAK DOWN THE REC	UEST BY BUDGE	T OBJECT	CLASS, JOB CLAS	SS, AND FUND	SOURCE. IDE	NTIFY ONE-T	ME COSTS.			
		Dept Req	***	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	
Budget Object Class/Job	Dept Req	GR	Dept Req	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Class	GR DOLLARS	FTE	FED DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	3.224,870						3,224,870			
Total PSD	3,224,870		0	S <del>-</del>	0	_	3,224,870		0	
Grand Total	3,224,870	0.0	0	0.0	0	0.0	3,224,870	0.0	0	
	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	
Budget Object Class/Job	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time	
Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	0		0		0		0			
Total PSD	0		0	-	0		0		0	
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0	tt -

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

N/A

N/A

## **NEW DECISION ITEM**

RANK: \_\_\_\_\_16 \_\_\_\_ OF \_\_\_\_22

Department: Social Services

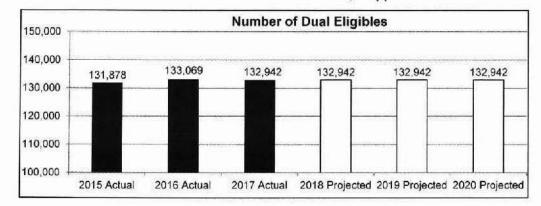
Budget Unit 90543C

Division: MO HealthNet

DI Name: Clawback Increase

DI# 1886013

# 6c. Provide the number of clients/individuals served, if applicable.



6d. Provide a customer satisfaction measure, if available.

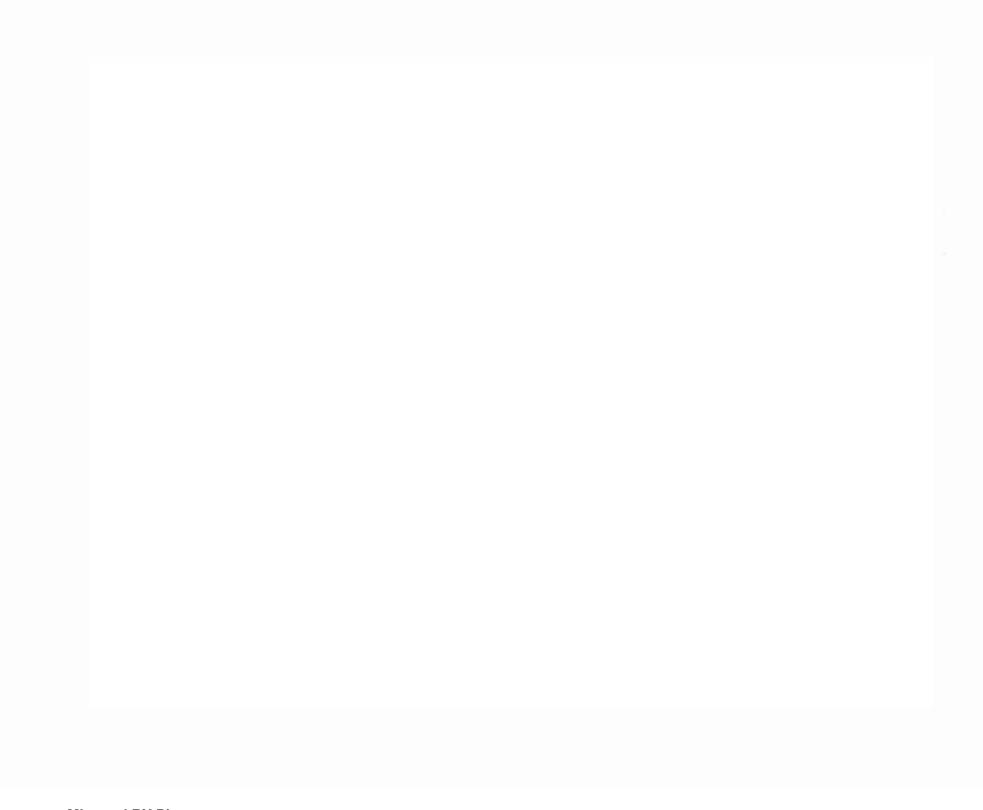
N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

# DECISION ITEM DETAIL

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019	
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
PHARMACY-MED PART D-CLAWBACK									
Clawback Increase - 1886013									
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,224,870	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,224,870	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,224,870	0.00	\$0	0.00	
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,224,870	0.00		0.00	
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00	



#### CORE DECISION ITEM

PS EE PSD

TRF

Total

Department: Social Services

Budget Unit: 90538C

Division: MO HealthNet Core: Missouri Rx Plan

HB Section: 11.435

GR

6,715,564

6,715,564

1. CORE FINA	NCIAL SUMMAI	RY			
		FY 2019 Budg	et Request		
	GR	Federal	Other	Total	E
PS	-111		*		
EE					
PSD	6,907,477	0	4,655,326	11,562,803	
TRF					
Total _	6,907,477	0	4,655,326	11,562,803	
FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	l I

FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0	
Note: Fringes but directly to MoDO	50. <del>10. 10. 10. 10. 10. 10. 10. 10. 10. 10. </del>			idgeted	

Federal

FY 2019 Governor's Recommendation

0

Other

4,655,326

4,655,326

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Missouri Rx Plan Fund (0779) - \$4,655,326

Other Funds: Missouri Rx Plan Fund (0779) - \$4,655,326

## 2. CORE DESCRIPTION

The Missouri Rx Plan provides pharmaceutical assistance to Medicare/Medicaid dual eligibles; facilitates coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173; and enrolls individuals in the program.

# 3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy services under MMA - Part D

E

Total

11,370,890

11,370,890

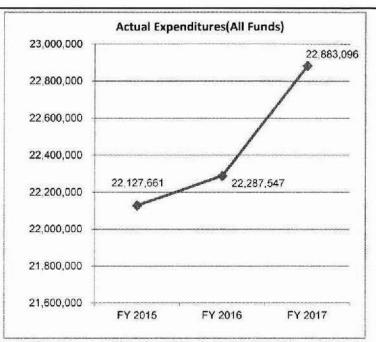
#### **CORE DECISION ITEM**

Department: Social Services Division: MO HealthNet Core: Missouri Rx Plan Budget Unit: 90538C

HB Section: 11.435

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.	
Appropriation (All Funds)	23,753,091	23,986,247	24,986,247	11,562,803	
Less Reverted (All Funds)	0	(510,115)	(558,085)	(207, 224)	
Less Restricted (All Funds)	0	0	(212,035)	0	
Budget Authority (All Funds)	23,753,091	23,476,132	24,216,127	11,355,579	
Actual Expenditures (All Funds)	22,127,661	22,287,547	22,883,096	N/A	
Unexpended (All Funds)	1,625,430	1,188,585	1,333,031	N/A	
Unexpended, by Fund:					
General Revenue	0	0	1,333,031	N/A	
Federal	0	0	0	N/A	
Other	1,625,430	1,188,585	0	N/A	
	(1)	(2)	(3)		



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

#### NOTES:

- (1) There was a \$1,625,430 lapse of MO Rx Fund due to a shortfall of revenue to the fund.
- (2) There was a \$1,188,585 lapse of MO Rx Fund due to a shortfall of revenue to the fund.
- (3) There was a \$1,333,031 lapse of GR due to fund switches for reduced availability of GR.

# CORE RECONCILIATION DETAIL

# DEPARTMENT OF SOCIAL SERVICES MISSOURI RX PLAN

# 5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	200000
TAFP AFTER VETO	DES							
		PD	0.00	6,907,477	0	4,655,326	11,562,803	,
		Total	0.00	6,907,477	0	4,655,326	11,562,803	
DEPARTMENT CO	RE REQUEST							
		PD	0.00	6,907,477	0	4,655,326	11,562,803	
		Total	0.00	6,907,477	0	4,655,326	11,562,803	
GOVERNOR'S ADD	DITIONAL COR	E ADJUST	MENTS					
Core Reduction	2042 4235	PD	0.00	(191,913)	0	0	(191,913)	1
NET G	OVERNOR CH	ANGES	0.00	(191,913)	0	0	(191,913)	1
GOVERNOR'S REC	OMMENDED	CORE						
		PD	0.00	6,715,564	0	4,655,326	11,370,890	1
		Total	0.00	6,715,564	0	4,655,326	11,370,890	1

# **DECISION ITEM SUMMARY**

Budget Unit							IOIOIT ITEM	001111111111111
Decision Item Budget Object Summary Fund	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
MISSOURI RX PLAN								
CORE								
PROGRAM-SPECIFIC GENERAL REVENUE	16,499,693	0.00	6,907,477	0.00	6,907,477	0.00	6,715,564	0.00
TITLE XIX-FEDERAL AND OTHER	728,077	0.00	0	0.00	0	0.00	0	0.00
MISSOURI RX PLAN FUND	5,655,326	0.00	4,655,326	0.00	4,655,326	0.00	4,655,326	0.00
TOTAL - PD	22,883,096	0.00	11,562,803	0.00	11,562,803	0.00	11,370,890	0.00
TOTAL	22,883,096	0.00	11,562,803	0.00	11,562,803	0.00	11,370,890	0.00
Year 1 Asset Limit CTC - 0000016 PROGRAM-SPECIFIC GENERAL REVENUE	0	0.00	ō	0.00	66,662	0.00	27,639	0.00
TOTAL - PD	0	0.00	0	0.00	66,662	0.00	27,639	0.00
TOTAL	0	0.00	0	0.00	66,662	0.00	27,639	0.00
Year 2 Asset Limit Increase - 0000017 PROGRAM-SPECIFIC GENERAL REVENUE	0	0.00	0	0.00	25,120	0.00	17,583	0.00
TOTAL - PD	0	0.00		0.00	25,120	0.00	17,583	0.00
TOTAL	0	0.00	0	0.00	25,120	0.00	17,583	0.00
GRAND TOTAL	\$22,883,096	0.00	\$11,562,803	0.00	\$11,654,585	0.00	\$11,416,112	0.00

# FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER:	90541C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	MO Rx		The second secon	
OUSE BILL SECTION:	11.435		DIVISION:	MO HealthNet
	nd explain why the fle	exibility is needed	I. If flexibility is bein	ense and equipment flexibility you are requesting grequested among divisions, provide the amoun flexibility is needed.
		Governor's R	ecommended	*
<b>Total</b> \$ 11,416,112	% Flex Flex Amount 10% \$ 1,141,611			ent (10%) flexibility is requested between sections 11.410, , 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
ear Budget? Please specify the	amount.	CURRE	ENT YEAR	BUDGET REQUEST ESTIMATED AMOUNT OF
시 그 그 그	amount.	CURRE	•	
ear Budget? Please specify the	amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility between 11.455, 11.460, 11	ENT YEAR D AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
rear Budget? Please specify the  PRIOR YEAR  ACTUAL AMOUNT OF FLEX  \$80,037,158	amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF IAT WILL BE USED e allows up to 10% en 11.410, 11.435, 1.465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
PRIOR YEAR ACTUAL AMOUNT OF FLEX \$80,037,158	amount.	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF IAT WILL BE USED e allows up to 10% en 11.410, 11.435, 1.465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	GOV REC FTE
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	
MISSOURI RX PLAN								
CORE								
PROGRAM DISTRIBUTIONS	22,883,096	0.00	11,562,803	0.00	11,562,803	0.00	11,370,890	0.00
TOTAL - PD	22,883,096	0.00	11,562,803	0.00	11,562,803	0.00	11,370,890	0.00
GRAND TOTAL	\$22,883,096	0.00	\$11,562,803	0.00	\$11,562,803	0.00	\$11,370,890	0.00
GENERAL REVENUE	\$16,499,693	0.00	\$6,907,477	0.00	\$6,907,477	0.00	\$6,715,564	0.00
FEDERAL FUNDS	\$728,077	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$5,655,326	0.00	\$4,655,326	0.00	\$4,655,326	0.00	\$4,655,326	0.00

Department: Social Services HB Section: 11.435

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

### 1a. What strategic priority does this program address?

Access to safe/effective medications.

## 1b. What does this program do?

SB 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx (MORx) plan. SB 139 (2017) limited the Missouri Rx program to individuals who are eligible for both MO HealthNet and Medicare. The purpose of this program is to coordinate pharmaceutical benefits between the MORx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles.

### **Program Statistics**

MORx provides pharmacy benefit assistance to over 179,000 members. In FY18 it is estimated the program will save participants \$9 million in prescription drug costs. Without the assistance offered by MORx, participants who are eligible for both Medicaid and Medicare, also known as dually eligible, could be at a higher risk of medication non-compliance, which potentially leads to higher costs to the Medicaid program for resulting medical treatment and worsening of existing health conditions.

This program represents 0.26% of the total FY 2017 MO HealthNet Division expenditures.

## **Program Goals**

The mission of MORx is to help qualifying low-income elderly and disabled Missourians stay healthy by providing affordable, high-quality prescription drug coverage.

## **Program Objectives**

- · Ensure high-quality, low-cost prescription drug coverage;
- · Provide easy access to medically-necessary medications; and
- Assist members with maintaining high quality of life and containing health care costs.

## Reimbursement Methodology

Subject to appropriation, the MORx plan pays 50% of members' out of pocket costs remaining after their Medicare Prescription Drug Plan pays. MORx does not cover Medicare Part D premiums.

MORx works with all Medicare Part D plans to provide members with drug coverage.

#### Additional Details

The MORx program has been reauthorized by the General Assembly through August 28, 2022.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.780 through 208.798; Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

Department: Social Services HB Section: 11.435

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

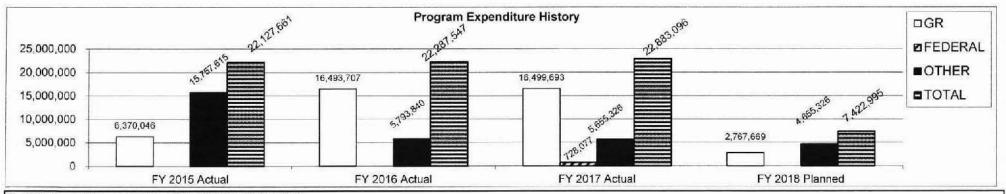
## 3. Are there federal matching requirements? If yes, please explain.

No. This program is funded with 100% state sources.

## 4. Is this a federally mandated program? If yes, please explain.

No, the MORx program is subject to appropriations.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



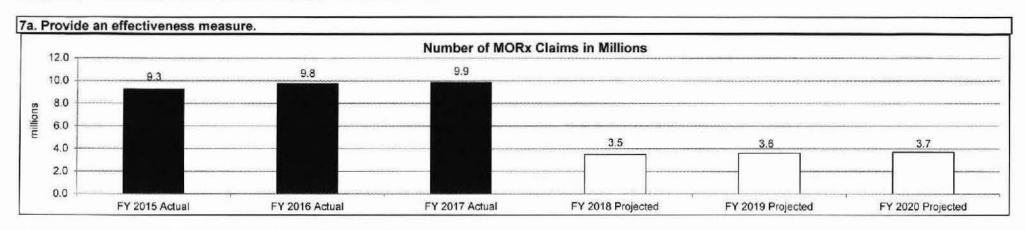
6. What are the sources of the "Other " funds?

Missouri Rx Plan Fund (0779)

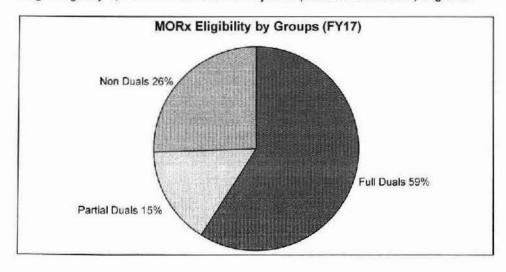
Department: Social Services HB Section: 11.435

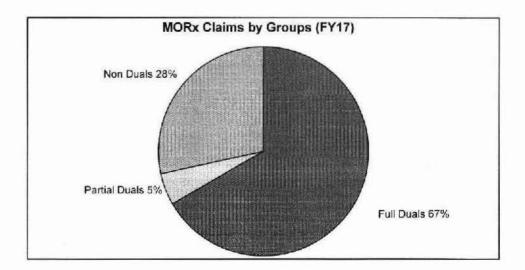
Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan



Beginning July 1, 2017 MO Rx covers only dual (Medicare/Medicaid) eligibles.





Department: Social Services

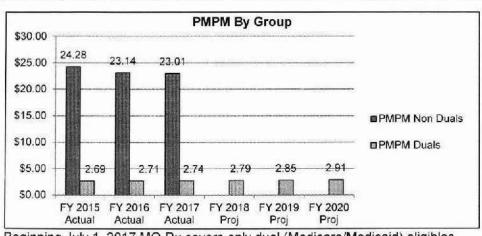
Program Name: Missouri Rx Plan

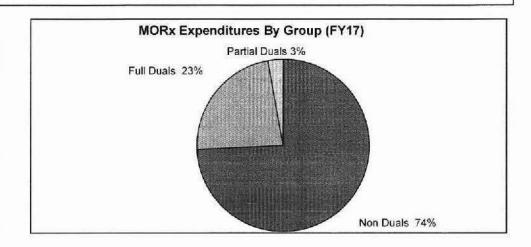
Program is found in the following core budget(s): Missouri Rx Plan

**HB Section:** 

11.435

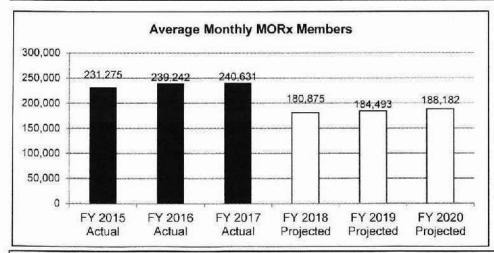
## 7b. Provide an efficiency measure.





Beginning July 1, 2017 MO Rx covers only dual (Medicare/Medicaid) eligibles.

# 7c. Provide the number of clients/individuals served, if applicable.



7d. Provide a customer satisfaction measure, if available.

Department: Social Services

**Budget Unit:** 

90542C

Division: MO HealthNet

Core: Pharmacy Reimbursement Allowance (PFRA) Payments

**HB Section:** 

11,440

		FY 2019 Bud	get Request			FY 2	2019 Governor'	s Recommendati	on
	GR	Federal	Other	Total	E	GR	Federal	Other	Total
s					PS			•	
E					EE				
SD	0	0	108,308,926	108,308,926	PSD	0	0	108,308,926	108,308,926
RF					TRF				
otal	0	0	108,308,926	108,308,926	Total	0	0	108,308,926	108,308,926
TE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
st. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
	udgeted in Hous T, Highway Pat		or certain fringes vation.	budgeted	Note: Fringes to directly to MoDO			for certain fringes vation.	budgeted

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$108,308,926

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$108,308,926

### 2. CORE DESCRIPTION

This item funds payments for pharmacy services provided to MO HealthNet participants. Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent.

## 3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance (PFRA) Program

Department: Social Services

**Budget Unit:** 

90542C

Division: MO HealthNet

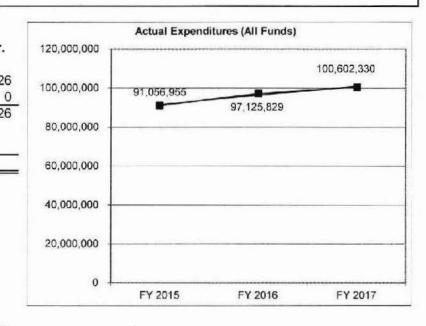
Core: Pharmacy Reimbursement Allowance (PFRA) Payments

**HB Section:** 

11.440

# 4. FINANCIAL HISTORY

FY 2015	FY 2016	FY 2017	FY 2018
Actual	Actual	Actual	Current Yr.
108,308,926	108,308,926	108,308,926	108,308,926
0	0	0	0
108,308,926	108,308,926	108,308,926	108,308,926
91,056,955	97,125,829	100,602,330	N/A
17,251,971	11,183,097	7,706,596	N/A
0	0	0	N/A
0	0	0	N/A
17,251,971	11,183,097	7,706,596	N/A
	Actual  108,308,926 0 108,308,926 91,056,955 17,251,971 0 0	Actual         Actual           108,308,926         108,308,926           0         0           108,308,926         108,308,926           91,056,955         97,125,829           17,251,971         11,183,097           0         0           0         0           0         0           0         0	Actual         Actual         Actual           108,308,926         108,308,926         108,308,926           0         0         0           108,308,926         108,308,926         108,308,926           91,056,955         97,125,829         100,602,330           17,251,971         11,183,097         7,706,596           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

### NOTES:

# DEPARTMENT OF SOCIAL SERVICES PHARMACY FRA

# 5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal		Other	Total	Expl
TAFP AFTER VETOES								
	PD	0.00		0	0	108,308,926	108,308,926	i
	Total	0.00		0	0	108,308,926	108,308,926	
DEPARTMENT CORE REQUEST				999772E A =				-
	PD	0.00		0	0	108,308,926	108,308,926	L
	Total	0.00		0	0	108,308,926	108,308,926	
GOVERNOR'S RECOMMENDED	CORE							
	PD	0.00		0	0	108,308,926	108,308,926	
	Total	0.00		0	0	108,308,926	108,308,926	

						44,000,000,000		
Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY FRA								
CORE								
PROGRAM-SPECIFIC								
PHARMACY REIMBURSEMENT ALLOWAN	100,602,330	0.00	108,308,926	0.00	108,308,926	0.00	108,308,926	0.00
TOTAL - PD	100,602,330	0.00	108,308,926	0.00	108,308,926	0.00	108,308,926	0.00
TOTAL	100,602,330	0.00	108,308,926	0.00	108,308,926	0.00	108,308,926	0.00
GRAND TOTAL	\$100,602,330	0.00	\$108,308,926	0.00	\$108,308,926	0.00	\$108,308,926	0.00

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY FRA								
CORE								
PROGRAM DISTRIBUTIONS	100,602,330	0.00	108,308,926	0.00	108,308,926	0.00	108,308,926	0.00
TOTAL - PD	100,602,330	0.00	108,308,926	0.00	108,308,926	0.00	108,308,926	0.00
GRAND TOTAL	\$100,602,330	0.00	\$108,308,926	0.00	\$108,308,926	0.00	\$108,308,926	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$100,602,330	0.00	\$108,308,926	0.00	\$108,308,926	0.00	\$108,308,926	0.00

Department: Social Services HB Section: 11.440

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): Pharmacy Reimbursement Allowance (PFRA)

### 1a. What strategic priority does this program address?

Access to safe/effective medications

### 1b. What does this program do?

Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent. Pharmacies are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund pharmacy expenditures in the MO HealthNet program.

### **Program Statistics**

In FY17, 1,336 pharmacy facilities were assessed and 1,326 pharmacy facilities participated in the MO HealthNet program and received enhanced reimbursement. In FY17, the PFRA rate was 1.49% effective 07/01/16 thru 12/31/16 then effective 1/1/17 thru 06/30/17, the PFRA rate was 1.39%. Starting 7/1/17, the PFRA tax rate is 1.59%. The PFRA program has been reauthorized by the General Assembly through September 30, 2018.

## **Program Goals**

To promote the availability of safe and effective prescription medications for MO HealthNet participants.

## **Program Objectives**

To provide reasonable reimbursement for pharmacy services to ensure an adequate supply of providers.

## Reimbursement Methodology

Pharmacies are assessed a provider tax for the privilege of doing business in the state of Missouri. The assessment is a General Revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund the Pharmacy Reimbursement Allowance (PFRA) program. This program provides funding to pay enhanced fees to pharmacies using the Pharmacy Reimbursement Allowance Fund as a General Revenue equivalent.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri statute: Section 338.500, RSMo.; Federal law: Social Security Act Section 1903(w); state regulation: 13 CSR 70-20; Federal Regulation: 42 CFR 433 Subpart B.

## 3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for SFY18 is a blended 64.260% federal match, with a state matching requirement of 35.740%.

Department: Social Services

HB Section: 11.440

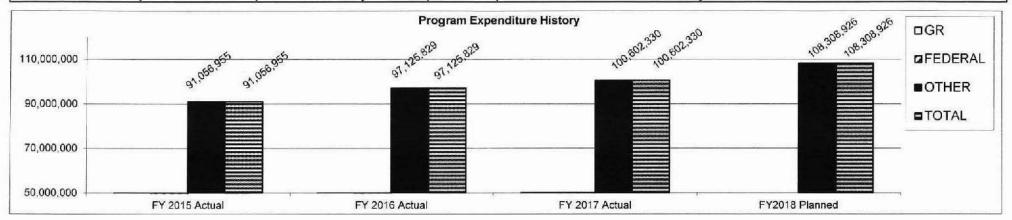
Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): Pharmacy Reimbursement Allowance (PFRA)

## 4. Is this a federally mandated program? If yes, please explain.

No

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



## 6. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144)

### 7a. Provide an effectiveness measure.

N/A

# 7b. Provide an efficiency measure.

A DESCRIPTION OF THE PROPERTY OF THE WAY WELL TO SEE THE PERSON OF THE P	Pharmacy FRA Tax Assessments Revenues Obtained to Draw Federal Dollars						
SFY	Assessments						
2015	\$89.1 mil						
2016	\$98.1 mil						
017	\$96.9 mil						
2018	\$96.9 mil estimated						
2019	\$96.9 mil estimated						
2020	\$96.9 mil estimated						

Department: Social Services

HB Section: 11.440

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments
Program is found in the following core budget(s): Pharmacy Reimbursement Allowance (PFRA)

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A



Department: Social Services

Budget Unit: 90544C, 90842C

Division: MO HealthNet Core: Physician Related

HB Section: 11.455

14		FY 2019 Budg	et Request			FY	2019 Governor's	Recommendat	ion
Γ	GR	Federal	Other	Total	E	GR	Federal	Other	Total
PS					PS				
EE	1,705,342	1.915,395	1	3,620,738	EE	1,705,342	1,915,395	1	3,620,738
PSD	113,643,762	282,074,034	13,504,003	409,221,799	PSD	99,639,586	274,239,215	13,504,003	387,382,804
TRF					TRF				0
Total	115,349,104	283,989,429	13,504,004	412,842,537	Total	101,344,928	276,154,610	13,504,004	391,003,542
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0.1	0	0.1	0	Est. Fringe	0	0	0	0

Other Funds: Health Initiatives Fund (HIF) (0275) - \$1,427,081

Healthy Families Trust Fund (0625) - \$11,825,877

Pharmacy Reimbursement Allowance Fund (0144) - \$10,000 Third Party Liability Collections Fund (0120) - \$241,046

Other Funds: Health Initiatives Fund (HIF) (0275) - \$1,427,081 Healthy Families Trust Fund (0625) - \$11,825,877

> Pharmacy Reimbursement Allowance Fund (0144) - \$10,000 Third Party Liability Collections Fund (0120) - \$241,046

### 2. CORE DESCRIPTION

This item funds physician-related services provided to fee-for-service MO HealthNet participants.

## 3. PROGRAM LISTING (list programs included in this core funding)

Physician Related

Neonatal Abstinence Syndrome

Department: Social Services Division: MO HealthNet Core: Physician Related Budget Unit: 90544C

HB Section: 11.455

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr
	7101001		, 101001	Surrout II
Appropriation (All Funds)	678,319,976	394,997,235	488,737,244	327,303,213
Less Reverted (All Funds)	(42,812)	(42,812)	0	(57,812)
Less Restricted (All Funds)*	0	0	(9,106,547)	(1,696,725)
Budget Authority (All Funds)	678,277,164	394,954,423	479,630,697	325,548,676
Actual Expenditures (All Funds)	674,583,973	381,775,506	479,630,697	N/A
Unexpended (All Funds)	3,693,191	13,178,917	0	N/A
Unexpended, by Fund:				
General Revenue	0	165,256	0	N/A
Federal	3,683,190	190,002	0	N/A
Other	10,000	7,734,869	0	N/A
	(1)	(2)	(3)	

	Actual Expenditures (All Funds)	
700,000,000 T		
650,000,000	674,583,973	
500,000,000		
550,000,000		-
500,000,000	479,630,697	ovnovisi
450,000,000		
400,000,000		-
350,000,000	381,775,506	
300,000,000	FY 2015 FY 2016 FY 2017	

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

### NOTES:

- (1) There was a \$6,500,000 supplemental budget increase of Third Party Liability Fund.
- (2) Expenditures of \$224,415,845 for Physician services were made from the Managed Care Expansion section. Additionally, \$2,400,719 in federal fund authority was flexed from the CHIP section to the Physician section.
- (3) Expenditures of \$150,418,400 for Physician services were made from the Managed Care section and \$24,368 for Managed Care were made from the Physician section.

<sup>\*</sup>Restricted amount is as of 9/15/17.

Department: Social Services Division: MO HealthNet Core: Physician Related Budget Unit: 90544C

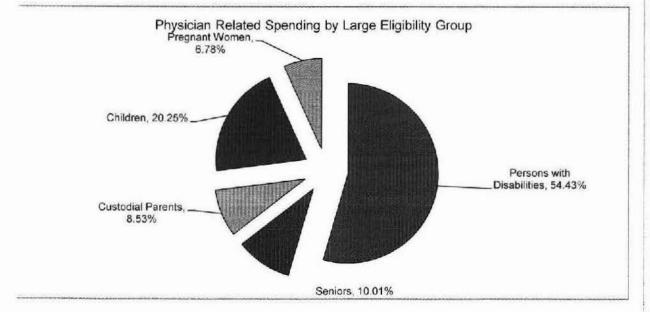
HB Section: 11.455

Cost Per Eligible - Per Member Per Month (PMPM)

	Physician PMPM	Acute Care PMPM	Total PMPM	Physician Percentage of Acute	Physician Percentage of Total
PTD	\$165.58	\$1,127.90	\$2,188.07	14.68%	7.57%
Seniors	\$60.20	\$406.24	\$1,679.11	14.82%	3.59%
Custodial Parents	\$40.59	\$476.89	\$515.48	8.51%	7.87%
Children*	\$15.99	\$266.90	\$297.35	5.99%	5.38%
Pregnant Women	\$136.91	\$899.91	\$916.46	15.21%	14.94%

Source: Table 23 Medical Statistics for Fiscal Year 2017, Paid Claims Data (includes EPSDT services)

<sup>\*</sup> CHIP eligibles not included



The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

The PMPM table reflects the PMPM amounts for managed care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, pharmacy, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MO HealthNet. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the managed care PMPM to the acute care PMPM, MO HealthNet management can monitor the progress of interventions controlled by MO HealthNet management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for managed care. It provides a snapshot of what eligibility groups are enrolled in managed care, as well as the populations impacted by program changes.

Source: Table 23 Medical Statistics for Fiscal Year 2017, Paid Claims Data.

# DEPARTMENT OF SOCIAL SERVICES PHYSICIAN RELATED PROF

=	CODE	RECON	LOU LAS	HOLL	DETA	
J.	LUKE	RECUI	NULLIA	I ION	DETA	ш

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETO	DES								
			EE	0.00	1,705,342	1,915,395	0	3,620,737	
			PD	0.00	96,841,601	211,937,878	13,504,004	322,283,483	幾
			Total	0.00	98,546,943	213,853,273	13,504,004	325,904,220	
DEPARTMENT CO	RE ADJI	USTME	NTS						
Transfer In	1662	8196	PD	0.00	500,000	0	0	500,000	Trf from DMH- Trauma Treatment for Kids
Transfer In	1662	8197	PD	0.00	0	750,000	0	750,000	Trf from DMH- Trauma Treatment for Kids
Core Reallocation	482	3067	EE	0.00	0	0	1	1	Core reallocations will more closely align budget with planned expenditures.
Core Reallocation	482	3067	PD	0.00	0	0	(1)	(1)	Core reallocations will more closely align budget with planned expenditures.
Core Reallocation	1651	8196	PD	0.00	15,802,161	0	0	15,802,161	MC lapse reallocated to Physician
Core Reallocation	1651	8197	PD	0.00	0	68,487,163	0	68,487,163	MC lapse reallocated to Physician
NET DI	EPARTI	MENT C	HANGES	0.00	16,302,161	69,237,163	0	85,539,324	
DEPARTMENT CO	RE REQ	UEST							
E48006 (7050)	ENTRY (1994) 1972		EE	0.00	1,705,342	1,915,395	1	3,620,738	
			PD	0.00	113,143,762	281,175,041	13,504,003	407,822,806	
			Total	0.00	114,849,104	283,090,436	13,504,004	411,443,544	
GOVERNOR'S ADD	ITIONA	COPI	F ADJUST	MENTS					
Core Reduction	1958		PD	0.00	(1,696,725)	0	0	(1,696,725)	
					TO BE CONTROL OF THE PARTY OF T			. A 🗣 a transit en en en arten de la transit de la transita de la transit de la transit de la transit de la transit de la trans	

# DEPARTMENT OF SOCIAL SERVICES PHYSICIAN RELATED PROF

## 5. CORE RECONCILIATION DETAIL

		Budget		05				
		Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S ADD	ITIONAL C	ORE ADJUST	MENTS					
Core Reduction	2057 819	96 PD	0.00	(7,986,374)	0	0	(7,986,374)	
Core Reallocation	1651 819	97 PD	0.00	0	(7,834,819)	0	(7,834,819)	MC lapse reallocated to Physician
Core Reallocation	1651 819	96 PD	0.00	(4,307,885)	0	0	(4,307,885)	MC lapse reallocated to Physician
NET GO	OVERNOR	CHANGES	0.00	(13,990,984)	(7,834,819)	0	(21,825,803)	
GOVERNOR'S REC	OMMENDE	D CORE						
		EE	0.00	1,705,342	1,915,395	1	3,620,738	
		PD	0.00	99,152,778	273,340,222	13,504,003	385,997,003	
		Total	0.00	100,858,120	275,255,617	13,504,004	389,617,741	

# DEPARTMENT OF SOCIAL SERVICES NEONATAL ABSTINENCE SYNDROME

# 5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Tota	l E	Explanation
TAFP AFTER VETO	DES								
		PD	0.00	500,000	898,993	(	1,39	8,993	
		Total	0.00	500,000	898,993	(	1,39	8,993	
DEPARTMENT CO	RE REQUEST								
		PD	0.00	500,000	898,993	(	1,39	8,993	
		Total	0.00	500,000	898,993		1,39	8,993	
GOVERNOR'S ADI	DITIONAL COR	E ADJUST	MENTS						
Core Reduction	2059 3954	PD	0.00	(13, 192)	0	(	(13	,192)	
NET G	OVERNOR CH	ANGES	0.00	(13,192)	0	(	(13	,192)	
GOVERNOR'S REG	COMMENDED	CORE							
		PD	0.00	486,808	898,993		1,38	5,801	
		Total	0.00	486,808	898,993	(	1,38	5,801	

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN RELATED PROF								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	1,367,984	0.00	1,705,342	0.00	1,705,342	0.00	1,705,342	0.00
TITLE XIX-FEDERAL AND OTHER	267,697	0.00	1,915,395	0.00	1,915,395	0.00	1,915,395	0.00
HEALTH INITIATIVES	128,750	0.00	0	0.00	1	0.00	1	0.00
TOTAL - EE	1,764,431	0.00	3,620,737	0.00	3,620,738	0.00	3,620,738	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	144,298,326	0.00	96,841,601	0.00	113,143,762	0.00	99,152,778	0.00
TITLE XIX-FEDERAL AND OTHER	318,419,391	0.00	211,937,878	0.00	281,175,041	0.00	273,340,222	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00	241,046	0.00	241,046	0.00	241,046	0.00
PHARMACY REIMBURSEMENT ALLOWAN	8,250	0.00	10,000	0.00	10,000	0.00	10,000	0.00
HEALTH INITIATIVES	3,298,331	0.00	1,427,081	0.00	1,427,080	0.00	1,427,080	0.00
HEALTHY FAMILIES TRUST	11,825,877	0.00	11,825,877	0.00	11,825,877	0.00	11,825,877	0.00
TOTAL - PD	477,850,175	0.00	322,283,483	0.00	407,822,806	0.00	385,997,003	0.00
TOTAL	479,614,606	0.00	325,904,220	0.00	411,443,544	0.00	389,617,741	0.00
Year 1 Asset Limit CTC - 0000016								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,639,987	0.00	662,025	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,199,170	0.00	1,345,894	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00	0	0.00	139,321	0.00	56,241	0.00
TOTAL - PD	0	0.00	0	0.00	4,978,478	0.00	2,064,160	0.00
TOTAL	0	0.00	0	0.00	4,978,478	0.00	2,064,160	0.00
Year 2 Asset Limit Increase - 0000017								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	617,971	0.00	421,148	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,205,493	0.00	856,192	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00	0	0.00	52,498	0.00	35,778	0.00
TOTAL - PD	0	0.00	0	0.00	1,875,962	0.00	1,313,118	0.00
TOTAL	0	0.00		0.00	1,875,962	0.00	1,313,118	0.00

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Budget Unit									ISION ITEM	
Decision Item Budget Object Summary Fund	FY 2017 ACTUAL DOLLAR		FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR		FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
PHYSICIAN RELATED PROF						10.500				
MHD COST TO CONTINUE - 1886001										
PROGRAM-SPECIFIC GENERAL REVENUE		0	0.00		0	0.00	57,667,549	0.00	53,946,028	0.00
TITLE XIX-FEDERAL AND OTHER		0_	0.00		0_	0.00	41,472,809	0.00	36,383,192	0.00
TOTAL - PD		0	0.00		0	0.00	99,140,358	0.00	90,329,220	0.00
TOTAL	S-1272-0-17	0	0.00		0	0.00	99,140,358	0.00	90,329,220	0.00
FMAP Adjustment - 1886022 PROGRAM-SPECIFIC										
TITLE XIX-FEDERAL AND OTHER		0 _	0.00		0_	0.00	0	0.00	7,986,374	0.00
TOTAL - PD		0	0.00		0 _	0.00	0	0.00	7,986,374	0.00
TOTAL		0	0.00		0	0.00	0	0.00	7,986,374	0.00
Health Home Expansion - 1886026 PROGRAM-SPECIFIC										
GENERAL REVENUE		0	0.00		0	0.00	0	0.00	377,130	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00		0	0.00	0	0.00	678,074	0.00
TOTAL - PD	W	0	0.00		0 -	0.00	0	0.00	1,055,204	0.00
TOTAL		0	0.00		0	0.00	0	0.00	1,055,204	0.00
GRAND TOTAL	\$479,614,6	06	0.00	\$325,904,22	0	0.00	\$517,438,342	0.00	\$492,365,817	0.00

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	C	0.00	500,000	0.00	500,000	0.00	486,808	0.00
TITLE XIX-FEDERAL AND OTHER	C	0.00	898,993	0.00	898,993	0.00	898,993	0.00
TOTAL - PD	C	0.00	1,398,993	0.00	1,398,993	0.00	1,385,801	0.00
TOTAL	C	0.00	1,398,993	0.00	1,398,993	0.00	1,385,801	0.00
FMAP Adjustment - 1886022								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	- 0	0.00	0	0.00	0	0.00	13,192	0.00
TOTAL - PD	C	0.00	0	0.00	0	0.00	13,192	0.00
TOTAL	O	0.00	0	0.00	0	0.00	13,192	0.00
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,398,993	0.00

# FLEXIBILITY REQUEST FORM

DUDGET UNIT MARKE.	90544C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	Physician Related	Prof	DII #01011	
HOUSE BILL SECTION:	11.455		DIVISION:	MO HealthNet
	explain why the flexi	ibility is needed	I. If flexibility is bein	ense and equipment flexibility you are requesting g requested among divisions, provide the amoun flexibility is needed.
		Governor's R	ecommended	
	Flex Flex Amount 10% \$ 49,376,481			ent (10%) flexibility is requested between sections 11.410, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
2. Estimate how much flexibility will fear Budget? Please specify the am		dget year. How	much flexibility was	used in the Prior Year Budget and the Current
PRIOR YEAR		ESTIMATED	ENT YEAR O AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
	LITY USED	FLEXIBILITY TH HB11 language flexibility between 11.455, 11.460, 11	The state of the s	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBI	LITY USED	ESTIMATED FLEXIBILITY TH HB11 language flexibility between 11.455, 11.460, 11 11.490, 11.510,	e allows up to 10% en 11.410, 11.435, .465, 11.470, 11.480,	ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBI	LITY USED  1 ed in the prior and/or c	ESTIMATED FLEXIBILITY TH HB11 language flexibility between 11.455, 11.460, 11 11.490, 11.510,	e allows up to 10% en 11.410, 11.435, .465, 11.470, 11.480,	ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	<b>GOV REC</b>	<b>GOV REC</b>
Budget Object Class							DOLLAR	FTE
PHYSICIAN RELATED PROF								
CORE								
PROFESSIONAL SERVICES	1,266,655	0.00	2,020,739	0.00	2,020,740	0.00	2,020,740	0.00
MISCELLANEOUS EXPENSES	497,776	0.00	1,599,998	0.00	1,599,998	0.00	1,599,998	0.00
TOTAL - EE	1,764,431	0.00	3,620,737	0.00	3,620,738	0.00	3,620,738	0.00
PROGRAM DISTRIBUTIONS	477,850,175	0.00	322,283,483	0.00	407,822,806	0.00	385,997,003	0.00
TOTAL - PD	477,850,175	0.00	322,283,483	0.00	407,822,806	0.00	385,997,003	0.00
GRAND TOTAL	\$479,614,606	0.00	\$325,904,220	0.00	\$411,443,544	0.00	\$389,617,741	0.00
GENERAL REVENUE	\$145,666,310	0.00	\$98,546,943	0.00	\$114,849,104	0.00	\$100,858,120	0.00
FEDERAL FUNDS	\$318,687,088	0.00	\$213,853,273	0.00	\$283,090,436	0.00	\$275,255,617	0.00
OTHER FUNDS	\$15,261,208	0.00	\$13,504,004	0.00	\$13,504,004	0.00	\$13,504,004	0.00

# **DECISION ITEM DETAIL**

Budget Unit Decision Item	FY 2017 ACTUAL	FY 2017 ACTUAL	FY 2018 BUDGET	FY 2018 BUDGET	FY 2019 DEPT REQ	FY 2019 DEPT REQ	FY 2019 GOV REC	FY 2019 GOV REC	
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
NEONATAL ABSTINENCE SYNDROME									
CORE									
PROGRAM DISTRIBUTIONS	0	0.00	1,398,993	0.00	1,398,993	0.00	1,385,801	0.00	
TOTAL - PD	0	0.00	1,398,993	0.00	1,398,993	0.00	1,385,801	0.00	
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,385,801	0.00	
GENERAL REVENUE	\$0	0.00	\$500,000	0.00	\$500,000	0.00	\$486,808	0.00	
FEDERAL FUNDS	\$0	0.00	\$898,993	0.00	\$898,993	0.00	\$898,993	0.00	
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

## 1a. What strategic priority does this program address?

Quality physician care

## 1b. What does this program do?

This item funds physician-related services provided to fee-for-service MO HealthNet participants. Services are provided by physicians, advanced practitioners, nurses/technicians, and certain behavioral health providers at various locations. Physician-related professionals include:

- Physicians and Podiatrists
- Advanced Practitioners
- Advanced Practice Registered Nurses (APRN) or Nurse Practitioners (NP)
- · Nurse Midwives
- Physician Assistants (PA)
- · Assistant Physicians (AP)
- · Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologists Assistants (AA)
- · Behavioral health providers:
- Psychiatrists
- · Psychologists, included provisional licensees
- · Licensed professional counselors (LPC), including provisional licensees
- · Licensed clinical social workers (LCSW), including provisional licensees
- Licensed behavior analysts

Services may be billed by physicians, certain advanced practitioners, or behavioral health providers OR on behalf of professional services provided at the following locations:

- Clinics
- · Rural health clinics (RHC)
- · Federally qualified health centers (FQHC)
- Ambulatory surgical centers (ASC)
- · Lab and x-ray facilities
- · Independent diagnostic testing facilities
- · Participant's home
- Hospital (Inpatient and Outpatient settings)
- Nursing facilities
- Certified Community Behavioral Health Centers (CCBHC)
- Community Mental Health Centers (CMHC)

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

## **Program Statistics**

The physician-related program comprises 6.55% of the total Medicaid program dollars. As of June 2017, there were 42,776 physician-related providers enrolled in MO HealthNet. In FY 2017, approximately 87% of physician-related services were paid to clinics, rural health clinics, and federally qualified health clinics.

## **Program Goals**

To provide quality health care to improve the general health and well-being of MO HealthNet participants.

### **Program Objectives**

- · To ensure proper health care for the general health and well-being of MO HealthNet participants.
- · To ensure adequate supply of providers.
- . To increase use of Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program, for
- · To increase preventive services for all MO HealthNet participants.
- · To encourage care coordination among providers.

## Reimbursement Methodology

### Physician-Related Professionals

The majority of services provided by physician-related professionals are reimbursed on a fee schedule although a few services are reimbursed manually, whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval.

Services rendered by someone other than a physician or podiatrist, including appropriate supplies, are billable by the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision such as nurses, non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), technicians, and other aides.

The following advanced practitioners can bill MO HealthNet independently from a physician, but must still operate within the terms of their collaborative practice arrangement with the physician:

- Advanced Practice Registered Nurses (APRN) and Nurse Practitioners (NP);
- · Nurse Midwives;
- · Physician Assistants (PA); and
- · Assistant Physicians (AP).

The services of physicians, podiatrists, advanced practitioners, and behavioral health providers may be administered in multiple settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility. The services of a nurse midwife may also be administered in the home of the participant (delivery and newborn care only) or a birthing center.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

### Physician-Related Locations:

MO HealthNet reimbursement may also be made directly to the facility which employs the health care professionals. Facilities which receive direct payment from the physician-related services program include clinics, laboratory and x-ray facilities, independent diagnostic testing facilities (IDTF), rural health clinics (RHC), and federally qualified health clinics (FQHC), and hospitals (inpatient and outpatient). Each provider offering health care services through the facility (with the exception of RHCs), in addition to being employed by the participating clinic, must be a MO HealthNet provider. Ambulatory surgical centers are also reimbursed for a facility fee which does not include professional services of the performing practitioner.

However, the reimbursement methodology for RHCs and FQHCs is different than other physician-related services.

- \* FQHCs are reimbursed on an interim basis at a specified percentage of the billed MO HealthNet FQHC covered charges. For dates of service prior to January 1, 2016, FQHC services were reimbursed at 97% of the covered charges and for dates of service beginning January 1, 2016 FQHC service are reimbursed at 92% of the covered charges. Fee-for-service claims are submitted to MO HealthNet Division (MHD) and are paid at the applicable interim percentage. FQHCs that are contracted with MO HealthNet Managed Care health plans also receive payments from the health plan. For dates of service prior to July 1, 2015, FQHCs that were contracted with the health plans were paid a rate negotiated with the health plan and for dates of service beginning July 1, 2015, health plans are required to pay 90% of covered charges. An FQHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment percentage. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. The Institutional Reimbursement Unit (IRU) performs a review of each MO HealthNet cost report to determine the reasonable costs and a final settlement is made to adjust the interim reimbursement to be 100% of the reasonable costs to provide MO HealthNet FQHC covered services.
- \* Hospital-based, or provider based, RHCs (PBRHCs) are reimbursed on an interim basis at the lower of 100% of their usual and customary charges or their cost-to-charge ratio. For dates of service beginning July 1, 2015, PBRHCs that are contracted with MO HealthNet Managed Care health plans are to be reimbursed by the health plan at 90% of covered charges. For dates of service prior to July 1, 2015, PBRHCs that were contracted with health plans were paid a rate negotiated with the health plan. A PBRHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment percentage. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. IRU reviews the finalized Medicare cost reports to determine reasonable costs. A settlement is made to adjust the reimbursement to 100% of the reasonable costs to provide MO HealthNet PBRHC covered services. The RHCs that are based in skilled nursing facilities and home health agencies are reimbursed their usual and customary charges multiplied by the lower of the Medicare RHC rate or the rate approved by the MO HealthNet Division.
- An independent RHC (IRHC) has no financial, organizational or administrative connection to a hospital, skilled nursing facility or home health agency. IRHCs are reimbursed on an interim basis at 100% of their Medicare RHC rate. For dates of service beginning July 1, 2015, IRHCs that are contracted with MO HealthNet Managed Care health plans are to be reimbursed by the health plan at 90% of the Medicare RHC rate. For dates of service prior to July 1, 2015, IRHCs that were contracted with health plans were paid a rate negotiated with the health plan. An IRHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. IRU performs a review of each Medicare cost report to determine reasonable costs, which is subject to a limit of the Medicare cost per visit. A final settlement is made to adjust the interim reimbursement to 100% of the reasonable costs to provide MO HealthNet IRHC covered services.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

Certified Community Behavioral Health Centers (CCBHC)

Missouri is participating in a Medicaid demonstration project under Section 223 of the Protecting Access to Medicare Act designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system (PPS) while improving the availability, accessibility, and quality of community behavioral healthcare. There are 15 comprehensive community behavioral health organizations participating in the demonstration program. A prospective payment rate was developed for each of these organizations in accordance with the CMS guidelines. PPS payments are based on "visits." A visit is a day in which there is at least one face-to-face encounter or one eligible telehealth encounter between a qualified practitioner and an eligible participant involving the provision of a CCBHC service. It does not matter how many or how few CCBHC services an individual receives in a given day, the CCBHC is paid the single PPS rate for that day. The demonstration program will begin on July 1, 2017, and will run through June 30, 2019.

### Telehealth

Certain health professionals are also authorized to provide services through telehealth technology. The health professional receives reimbursement for services rendered according to the fee schedule. In addition, the originating site which hosts the MO HealthNet participant during the telehealth conference is eligible to receive an originating site facility fee. MHD will not reimburse the original site fee if the distant site and originating site are within 24 miles of one another.

## Copayment

A copayment, a portion of the providers' charges paid by the participant, is required on many physician related services and is determined in state regulation (13 CSR 70-4.050). According to 42 CFR Section 447.56(c)(1), MHD is required to reimburse providers a rate less any assessed co-pay. It is the responsibility of the provider to collect the copay from the participant. The copayment for a service can range between \$0.50 to \$3.00 for physician-related services; however, some services and participants are exempt from copay requirements. See additional detail below for copay exemptions.

## **Health Homes**

Practices that are enrolled in MO HealthNet's primary care or CMHC health home programs receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. See service information below for additional information on health homes.

## Rate History

7/1/17: 3% rate decrease for all physician related services.

7/1/16: 2% rate increase for all physician related services.

7/1/16: 3.79% rate increase for Medicare parity for physician-related services.

1/1/16: 1% rate increase for all physician related services.

1/1/13-12/31/14: Federally funded rate increase for certain physician specialties for primary care evaluation and management and services related to immunization administration for vaccines and toxoids.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

### Provider Information

### **Physicians**

Physicians, including medical doctors and doctors of osteopathy, enrolled in the MO HealthNet program are identified by the specialty of medicine they practice. Specialties include: allergy immunology; anesthesiology; cardiology; dermatology; emergency medicine; family practice; general practice; general surgery; internal medicine; laryngology; nuclear medicine; neurological surgery; obstetrics/gynecology; ophthalmology; otology; otology; orthopedic surgery; pathology; pediatrics; physical medicine and rehabilitation; plastic surgery; preventive medicine; proctology; psychiatry; neurology; radiation therapy; radiology; rectal and colon surgery; rehabilitative medicine; rhinology; thoracic surgery; and urology.

### **Podiatrists**

Podiatrists provide medical, surgical, and mechanical services for the foot or any area not above the ankle joint. However, the following podiatry services are not covered for adults (except pregnant women, the blind, or nursing facility residents): trimming of nondystrophic nails; debridement of one to five nails by any method; debridement of six or more nails by any method; partial or complete excision of the nail and nail matrix; and strapping of the ankle and/or foot.

## Advanced Practice Registered Nurses and Nurse Practitioners

An advanced practice registered nurse (APRN) or nurse practitioner (NP) is one who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the Missouri Board of Nursing. Numerous specialties are recognized such as family, gerontology, clinical, obstetrics/GYN, neonatal, mental health, and certified registered nurse anesthetists. APRNs and NPs must enter into a collaborative practice agreement with a physician. Such a collaborative practice agreement may authorize APRNs and NPs to prescribe certain medications. APRNs and NPs are generally employed by physicians, but are not required to be employed by physicians.

### Nurse Midwives

Nurse midwife services are those services related to the management and provision of care to a pregnant woman and her unborn/newborn infant by a certified nurse midwife. These services may be provided throughout the maternity cycle which includes pregnancy, labor and delivery and the initial postpartum period not to exceed six weeks. Covered services include antepartum care, delivery, post-partum care, newborn care, office visits, laboratory services and other services within the scope of practice of a nurse midwife. Nurse midwives may also provide care outside of the maternity cycle such as family planning, counseling, birth control techniques and well-woman gynecological care including routine pap smears and breast examinations (Section 13605, OBRA 93). Nurse midwife services may also include services to the newborn, age 0 through 2 months, and any other MO HealthNet eligible female, age 15 and over.

## Certified Registered Nurse Anesthetists and Anesthesiologist Assistants

A Certified Registered Nurse Anesthetist (CRNA) introduces and manages substances into the body by external or internal means that cause a loss of sensation with or without loss of consciousness. To serve MO HealthNet participants, a CRNA must hold a valid current license as an advanced practice registered nurse (APRN) or nurse practitioner (NP) in the state of Missouri and be currently certified by the Council on Certification of Nurse Anesthetists.

An Anesthesiologist Assistant (AA) works under the supervision of a licensed anesthesiologist and provides anesthesia services and related care. An AA can only practice under the direct supervision of an anesthesiologist who is physically present or immediately available and must be licensed by the Missouri Board of Healing Arts. A supervising anesthesiologist shall be allowed to supervise up to four AAs concurrently, consistent with 42 CFR 415.110. An AA and a CRNA are not allowed to bill for the same anesthesia service.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

## Physician Assistants and Assistant Physicians

A physician assistant is an individual who graduated from an accredited physician assistant program, has active national certification, and provides health care services delegated by a licensed physician. Covered services which a physician assistant can perform include the following:

- · Taking patient histories;
- · Performing physical examinations of a patient;
- · Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- · Performing routine therapeutic procedures;
- · Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- · Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests, diagnostic laboratory and radiological services, and ordering of therapies using procedures reviewed and approved by a licensed physician; and
- · Assisting in surgery.

MO HealthNet is awaiting licensure details from the Board of Healing Arts before Assistant Physicians are added as a MO HealthNet provider type.

## Behavioral Health Providers

MO HealthNet provides various behavioral health services including psychiatric diagnostic evaluations, individual psychotherapy, group psychotherapy, family psychotherapy, psychological testing, smoking behavioral change, Health and Behavior Assessment and Intervention, and crisis psychotherapy. The following providers are authorized to serve MO HealthNet eligible children under the age of 21:

- Psychiatrists
- Licensed Psychologists (including provisional licensees)
- · Licensed Clinical Social Workers (including provisional licensees)
- · Licensed professional counselors (including provisional licensees)

The following providers are authorized to serve MO HealthNet eligible adults:

- Psychiatrists
- Licensed Psychologists (including provisional licensees)
- · Licensed Clinical Social Workers (including provisional licensees) only if the service is provided in an FQHC or RHC

Services provided by licensed professional counselors to adults in any setting are not reimbursable.

### Clinic

Clinics offer preventive, diagnostic, therapeutic, rehabilitative or palliative services that are furnished by a facility that are not part of a hospital but are organized and operated to provide medical care to outpatients. Services furnished to outpatients include those furnished at the clinic by, or under the direction of, a physician and those services furnished outside the clinic by clinic personnel under the direction of a physician.

Department: Social Services

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

### Lab & X-Ray

Laboratory and x-ray facilities provide examination and radiology services under the physician program. Laboratories perform examinations of body fluids, tissues or organs by the use of various methods employing specialized equipment such as electron microscopes and radio-immunoassay. A clinical laboratory is a laboratory where microbiological, serological, chemical, hematological, radio bioassay, cytological, immunohematological or pathological examinations are performed on material derived from the human body to provide information for the diagnosis, prevention or treatment of a disease or assessment of a medical condition. Operations of a laboratory are generally directed by a pathologist.

X-ray facilities offer radiological services in which x-rays or rays from radioactive substances are used for diagnostic or therapeutic purposes. Such services include, but are not limited to, radium therapy; radioisotopes for diagnostic or therapeutic purposes (e.g., in nuclear medicine); diagnostic tests such as aortograms, pyelograms, myelograms, arteriograms and venticulograms; imaging services; x-rays; and diagnostic ultra-sounds. These operations are generally directed by a radiologist.

### Independent Diagnostic Testing Facility (IDTF)

These providers are independent of a hospital or a physician's office and offer medically necessary diagnostic tests. The IDTF may be a fixed location or a mobile entity. An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of non-physician personnel who use the equipment.

## Ambulatory Surgical Center (ASC)

An Ambulatory Surgical Canter (ASC) is a free-standing facility functioning as an independent business and administrative entity which maintains neither a physical nor a fiscal relationship to a hospital. An ASC is a facility designed, staffed, equipped, and operated for the primary purpose of providing surgical services. It is neither staffed nor equipped to provide overnight care to patients.

## Rural Health Clinics (RHC)

The Rural Health Clinic Services Act of 1977, designating rural health clinics as health care providers, extended benefits to cover health care services to under-served rural areas where access to traditional physician care had been difficult. In those areas, specifically trained practitioners furnish the health care services needed by the community. Rural health clinics must be located in a rural area that is designated a shortage area for primary care. To be eligible for this designation, a clinic must be located in an area not identified as "urbanized" by the Bureau of the Census and designated as a shortage or under-served area. RHCs must meet the additional staffing and health and safety requirements set forth by the Rural Health Clinic Services Act; be certified by the Public Health Service; be certified for participation in Medicare; and be enrolled as a MO HealthNet provider.

An RHC must be designated as either an independent or a provider-based RHC.

- Provider-based RHC: must be an integral and subordinate part of a hospital, skilled nursing facility, or home health agency and under common licensure, governance, and professional supervision with its parent provider.
- Independent RHC: has no financial, organizational or administrative connection to a hospital, skilled nursing facility or home health agency.

HB Sections: 11.455

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

### Federally Qualified Health Clinic (FQHC)

The Omnibus Budget Reconciliation Acts of 1989 (OBRA 89) and 1990 (OBRA 90) designates certain community-based health care organizations as unique health care providers called Federally Qualified Health Centers. These laws establish health care services that MO HealthNet and Medicare must cover in an FQHC. The federal laws also set the reimbursement at reasonable cost to the FQHC for such services. In order to qualify for FQHC status, a facility must receive or be eligible for a grant under Section 329, 330 or 340 of the Public Health Service Act; meet the requirements for receiving such a grant; or have been a Federally Funded Health Center as of January 1, 1990.

The FQHC program has two goals:

- To provide adequate reimbursement to community-based primary health care organizations (FQHCs) so that they, in turn, may better serve a large number
  of MO HealthNet participants and/or provide more services, thus improving access to primary care.
- To enable FQHCs to use other resources previously subsidizing MO HealthNet to serve uninsured individuals who, although not eligible for MO
  HealthNet, have a difficult time obtaining primary care because of economic or geographic barriers.

### Service Information

Physician-related services include diagnostic, therapeutic, rehabilitative, or palliative care; lab and x-ray; family planning; and behavioral health. The following services are limited to certain MO HealthNet participants:

- · Early Periodic Screening Diagnosis and Treatment (EPSDT);
- · Health Home coordination for individuals with chronic conditions:
- · Asthma education and in-home environmental assessments; and
- Applied behavioral analysis.

### **EPSDT**

The Early Periodic Screening Diagnosis Treatment program (or Healthy Children and Youth program) provides primary and preventative services to MO HealthNet participants who are infants, children, and youth under the age of 21 years. To ensure a child's health, a primary care provider is designated to manage a coordinated, comprehensive, continuous health care program to address the child's primary health care needs. Full, partial, and inter-periodic health screenings; medical and dental examinations; immunizations; and medically any medically-necessary treatment to correct or improve defects and chronic conditions found during the screening are considered EPSDT benefits.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

#### Health Homes

Section 2703 of the ACA gives MO HealthNet the option to pay providers to coordinate care through a "health home" for individuals with chronic conditions. A team of health care professionals acting as a health home may include physicians and other professionals such as a nurse care manager, care coordinator, behavioral health consultant, nutritionist, or social worker. A health home may be a freestanding practice or a practice based at a hospital or other facility. Health home services include comprehensive care management, care coordination and health promotion, comprehensive transitional care from inpatient to other settings, patient and family support, and referral to community and social support services. Health homes are required to use "health information technology" to link MO HealthNet, in conjunction with the Department of Mental Health, currently operates two health home programs:

- Primary Care Health Home for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second condition.
- Community Mental Health Center (CMHC) Health Home for participants with a serious and persistent mental illness, serious emotional disorder, or substance use disorder.

The Children's Division and MO HealthNet are currently working with partners in the St. Louis region to develop a Foster Care Health Home Pilot Project to more effectively coordinate health and mental health services for foster children.

Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services that are not covered by other MO HealthNet reimbursement methodologies.

#### Asthma Educators and In-home Environmental Assessors

Pediatric MO HealthNet participants with a primary diagnosis of asthma who meet specific criteria indicating uncontrolled asthma may receive up to two asthma education services and two in-home environmental assessments per year.

## Applied Behavior Analysis

Applied behavior analysis (ABA) services are covered for individuals under age 21 who have a diagnosis of Autism Spectrum Disorder. ABA services are provided by licensed behavior analysts, ABA qualified licensed psychologists, and licensed assistant behavior analysts. All ABA services require precertification.

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

#### **Additional Details**

#### Copayment Exemptions

The following participants and services are exempt from copays:

- · participants under age 19;
- participants residing in a skilled nursing home, an intermediate care nursing home, a residential care home, an adult boarding home or a psychiatric hospital;
- participants who have both Medicare and Medicaid if Medicare covers the service and provides payment;
- participants who receive a transfer inpatient hospital admission;
- emergency services provided in an outpatient clinic or emergency room after the sudden onset of a medical condition if the absence of treatment could be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ
- certain therapy services, except when provided as an inpatient hospital service;
- services provided to pregnant women, blind recipients, managed care enrollees and foster care recipients;
- services identified as medically necessary through an Early Periodic Screening, Diagnostic and Treatment (EPSDT) screen;
- · mental health services provided by community mental health facilities operated by the Department of Mental Health;
- · family planning services;
- · hospice services; and
- · some personal care services.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.153, 208.166; Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d); Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

## 3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's FMAP for FY19 is a blended 65.203% federal match. The state matching requirement is 34.797%.

## 4. Is this a federally mandated program? If yes, please explain.

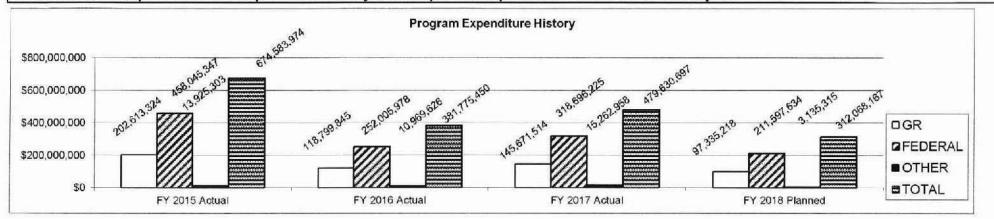
Yes, if the state elects to have a Medicaid program. (Some services are optional: podiatry; clinics; nurse practitioners; CRNA; Psychologist; and LCSW)

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 planned is net of reverted, restricted, and reserve.

## 6. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Pharmacy Reimbursement Allowance (0144), and in FY16, Tax Amnesty Fund (0470).

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

#### 7a. Provide an effectiveness measure.

Maintain or increase the ratio of participants who receive EPSDT screenings according to the periodicity schedule. Currently MHD and Department of Health and Senior Services provide outreach to increase EPSDT participation. The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) strengthened EPSDT by establishing State reporting requirements and mandating that the Secretary of Health and Human Services (the Secretary) set participation goals for the States. In response to OBRA 1989, the Secretary required annual reporting via the Annual EPSDT Participation Report Form CMS-416 (which is referred to as the CMS-416) and established an overall goal of 80 percent beneficiary participation in EPSDT for each state annually.

The Healthy Children and Youth (HCY) Program in Missouri is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The program is also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT). The HCY Program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening. The measure is based on federal Fiscal year in which report was submitted to CMS. FFY 17 will be available February, 2018.

EPSDT Participant Ratio								
Federal Fiscal Year	Participants who should have received a screening <1	Participants who received at least one screening < 1	Participant Ratio (National Targe is 80%)					
2012	30,583	29,128	95%					
2013 30,133		28,803	96%					
2014	29,334	26,110	89%					
2015	30,514	28,694	94%					
2016 29,978 **2017 Projected 30,278		27,837	93%					
		28,394	94%					

Federal Fiscal Year	Participants who should have received a screening 1-2	who received at	Participant Ratio (National Targe is 80%)	
2012	81,371	65,996	81%	
2013	79,435	64,619	81% 80%	
2014	75,311	59,894		
2015	82,707	82,707 64,082		
2016 85,498		60,210	70%	
**2017 Projected	86,353	61,414	71%	

Department: Social Services HB Sections: 11.455

Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

	EPSDT Participant Ratio								
Federal Fiscal Year	Participants who should have received a screening 3-5	Participants who received at least one screening 3-5	Participant Ratio (National Target is 80%)						
2012	107,223	72,058	67%						
2013	101,712	70,186	69%						
2014	95,469	60,651	64%						
2015	102,522	64,274	63%						
2016	108,042	60,210	56%						
**2017 Projected	109,122	61,414	56%						

Federal Fiscal Year	Participants who should have received a	Participants who received at least one		
	screening 6-9	screening 6-9	(National Targe is 80%)	
2012	62,656	46,732	75%	
2013	63,949	48,505	76%	
2014	63,938	45,883	72%	
2015	68,681	51,202	75%	
2016	73,589	55,836	76%	
**2017 Projected	74,325	56,953	77%	

	EPSDT Participant Ratio								
Federal Fiscal Year	Participants who should have received a screening 10-14	Participants who received at least one screening 10-14	Participant Ratio (National Target is 80%)						
2012	80,024	53,419	67%						
2013	80,011	53,970	67%						
2014	79,160	50,431	64%						
2015	87,500	56,666	65%						
2016	94,484	62,786	66%						
**2017 Projected	95,429	64,042	67%						

EPSDT Participant Ratio								
Federal Fiscal Year	Participants who should have received a screening 15-18	Participants who received at least one screening 15-	Participant Ratio (National Targe is 80%)					
2012	45,253	32,437	72%					
2013	44,962	31,753	71%					
2014	44,401	44,401 29,870						
2015	50,003	33,546	67%					
2016	11,967	6,151	51%					
**2017 Projected	12,087	6,274	52%					

Department: Social Services HB Sections: 11.455

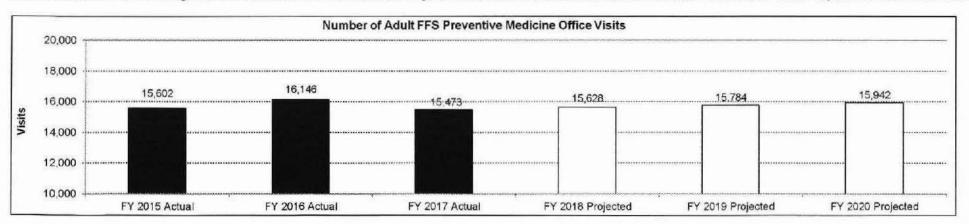
Program Name: Physician Related

Program is found in the following core budget(s): Physician Related

EPSDT Participant Ratio								
Federal Fiscal Year	Participants who should have received a screening 19-20	Participants who received at least one screening 19-20	Participant Ratio (National Target is 80%)					
2012	10,473	7,415	71%					
2013	9,931	6,735	68%					
2014	8,268	5,201	63%					
2015	10,765	5,906	55%					
2016	10,765	5,906	55%					
**2017 Projected	10,873	6,024	55%					

## 7b. Provide an efficiency measure.

Increase the number of adult preventive office visits. MO HealthNet pays for one "preventive" examination/physical per year. Preventive visits are important for routine evaluation and management of adults for the maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.

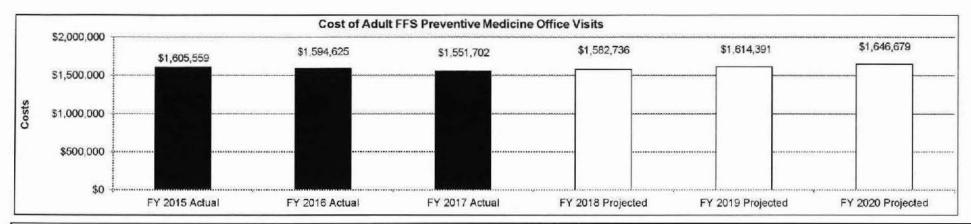


Department: Social Services

Program Name: Physician Related

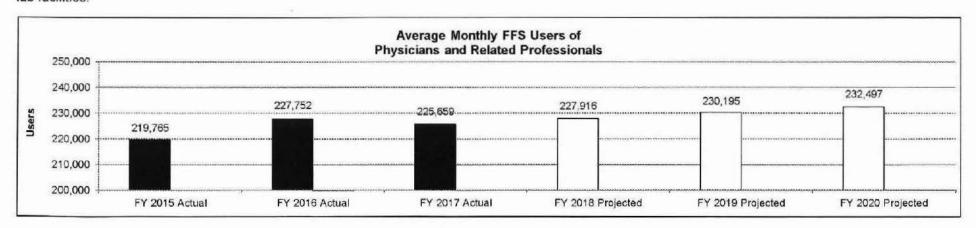
Program is found in the following core budget(s): Physician Related

HB Sections: 11.455



#### 7c. Provide the number of clients/individuals served, if applicable.

Proper health care is essential to the general health and well-being of MO HealthNet participants. Physician related services are typically the front line where MO HealthNet participants enter the state's health care system. Services are provided by physicians, psychologists, nurse practitioners, podiatrists, clinics, and x-ray and lab facilities.



## 7d. Provide a customer satisfaction measure, if available.

Department: Social Services

Division: MO HealthNet

Core: Dental

Budget Unit: 90546C

HB Section: 11.460

		FY 2019 Budge	et Request	144	FY 2019 Governor's Recommendation						
	GR	Federal	Other	Total	E	GR	Federal	Other	Total		
PS	1				PS				10.7900000000000000000000000000000000000		
EE					EE						
PSD	682,270	3,405,160	919,935	5,007,365	PSD	537,686	3,693,400	919,935	5,151,021		
TRF	A	57 %		70 NH =	TRF	993	5,1 1	2.50	350 350		
Total	682,270	3,405,160	919,935	5,007,365	Total	537,686	3,693,400	919,935	5,151,021		
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00		
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0		
Note: Fringes b	udgeted in House	Bill 5 except for o	certain fringes bud	igeted directly	Note: Fringes b	udgeted in Hous	se Bill 5 except fo	r certain fringes	budgeted		
to MoDOT, High	way Patrol, and C	Conservation.		570	directly to MoDO	T, Highway Pat	trol, and Conserva	ation.	.5%		

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

Healthly Families Trust Fund (0625) - \$848,773

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

Healthly Families Trust Fund (0625) - \$848,773

## 2. CORE DESCRIPTION

This item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

## 3. PROGRAM LISTING (list programs included in this core funding)

**Dental Services** 

Department: Social Services

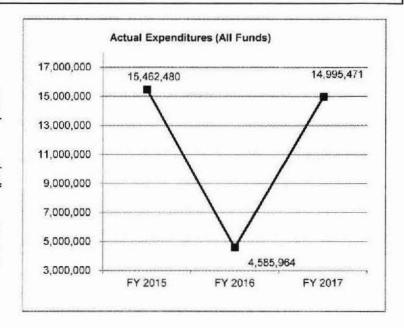
Budget Unit: 90546C

Division: MO HealthNet Core: Dental

HB Section: 11.460

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	66,100,009	15,399,164	15,257,885	3,921,462
Less Reverted (All Funds)	(2,135)	(2,135)	(2,135)	(2,135)
Less Restricted (All Funds)*	(48,231,947)	(500,000)	0	(89,319)
Budget Authority (All Funds)	17,865,927	14,897,029	15,255,750	3,830,008
Actual Expenditures (All Funds)	15,462,480	4,585,964	14,995,471	N/A
Unexpended (All Funds)	2,403,447	10,311,065	260,279	N/A
Unexpended, by Fund:				
General Revenue	18,300,000	702,568	80	N/A
Federal	32,335,394	6,339,800	260,199	N/A
Other	0	3,768,697	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

- (1) There was a restriction of \$17,800,000 GR and corresponding federal match of \$30,431,947 for adult dental benefits.
- (2) Lapse in FY16 was attributed to the department not receiving CMS approval until May, 2016. \$11,098,804 paid from MC Expansion.
- (3) Expenditures of \$1,344,069 were paid from Managed Care.

<sup>\*</sup>Restricted amount is as of 9/15/17.

Department: Social Services
Division: MO HealthNet

Core: Dental

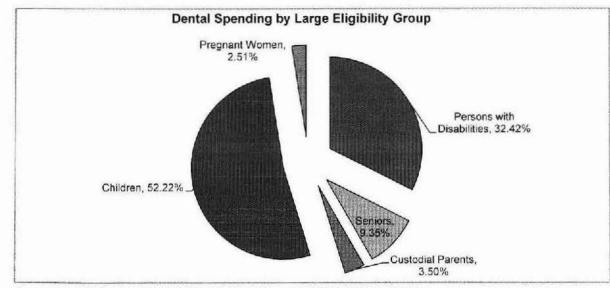
Budget Unit: 90546C

HB Section: 11.460

## Cost Per Eligible - Per Member Per Month (PMPM)

	Dental PMPM*	Acute Care PMPM	Total PMPM	Dental Percentage of Acute	Dental Percentage of Total
PTD	\$3.05	\$1,127.90	\$2,188.07	0.27%	0.14%
Seniors	\$1.74	\$406.24	\$1,679.11	0.43%	0.10%
Custodial Parents	\$0.51	\$476.89	\$515.48	0.11%	0.10%
Children*	\$1.28	\$266.90	\$297.35	0.48%	0.43%
Pregnant Women	\$1.57	\$899.91	\$916.46	0.17%	0.17%

Source: Table 23 Medical Statistics for Fiscal Year 2017 (Paid Claims Data)



Source: Table 23 Medical Statistics for Fiscal Year 2017 (Paid Claims Data)

The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MHD management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for dental care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, drugs, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MHD. It does **not** include nursing facilities, inhome services, mental health services and state institutions. By comparing the dental PMPM to the acute care PMPM, MHD management can monitor the progress of interventions controlled by MHD management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for dental services. It provides a snapshot of what eligibility groups are receiving the services, as well as the populations impacted by program changes.

<sup>\*</sup> CHIP eligibles not included

## **CORE RECONCILIATION DETAIL**

# DEPARTMENT OF SOCIAL SERVICES DENTAL

## 5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETO	ES							
		PD	0.00	478,690	2,522,837	919,935	3,921,462	
		Total	0.00	478,690	2,522,837	919,935	3,921,462	
DEPARTMENT CO	RE ADJUSTME	NTS						
Core Reallocation	1652 8199	PD	0.00	0	882,323	0	882,323	MC lapse reall to Dental
Core Reallocation	1652 8198	PD	0.00	203,580	0	0	203,580	MC lapse reall to Dental
NET D	EPARTMENT C	HANGES	0.00	203,580	882,323	0	1,085,903	
DEPARTMENT CO	RE REQUEST							
		PD	0.00	682,270	3,405,160	919,935	5,007,365	
		Total	0.00	682,270	3,405,160	919,935	5,007,365	King and a second secon
GOVERNOR'S ADD	ITIONAL COR	E ADJUSTI	MENTS					
Core Reduction	1959 8198	PD	0.00	(89,319)	0	0	(89,319)	
Core Reduction	2060 8198	PD	0.00	(73,519)	0	0	(73,519)	
Core Reallocation	1652 8199	PD	0.00	0	288,240	0	288,240	MC lapse reall to Dental
Core Reallocation	1652 8198	PD	0.00	18,254	0	0	18,254	MC lapse reall to Dental
NET GO	OVERNOR CH	ANGES	0.00	(144,584)	288,240	0	143,656	
GOVERNOR'S REC	OMMENDED	ORE						
		PD	0.00	537,686	3,693,400	919,935	5,151,021	
		Total	0.00	537,686	3,693,400	919,935	5,151,021	

# DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	<b>GOV REC</b>	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	4,346,832	0.00	478,690	0.00	682,270	0.00	537,686	0.00
TITLE XIX-FEDERAL AND OTHER	9,918,004	0.00	2,522,837	0.00	3,405,160	0.00	3,693,400	0.00
HEALTH INITIATIVES	69,027	0.00	71,162	0.00	71,162	0.00	71,162	0.00
HEALTHY FAMILIES TRUST	661,608	0.00	848,773	0.00	848,773	0.00	848,773	0.00
TOTAL - PD	14,995,471	0.00	3,921,462	0.00	5,007,365	0.00	5,151,021	0.00
TOTAL	14,995,471	0.00	3,921,462	0.00	5,007,365	0.00	5,151,021	0.00
Year 1 Asset Limit CTC - 0000016								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	20,576	0.00	8,306	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	36,996	0.00	15,564	0.00
TOTAL - PD	0	0.00	0	0.00	57,572	0.00	23,870	0.00
TOTAL	0	0.00	0	0.00	57,572	0.00	23,870	0.00
Year 2 Asset Limit Increase - 0000017								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	7,753	0.00	5,284	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	13,941	0.00	9,901	0.00
TOTAL - PD	0	0.00	0	0.00	21,694	0.00	15,185	0.00
TOTAL	0	0.00	0	0.00	21,694	0.00	15,185	0.00
MHD COST TO CONTINUE - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	643,104	0.00	785,876	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	634,126	0.00	484,339	0.00
TOTAL - PD	0	0.00	0	0.00	1,277,230	0.00	1,270,215	0.00
TOTAL	0	0.00	0	0.00	1,277,230	0.00	1,270,215	0.00

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## **DECISION ITEM SUMMARY**

GRAND TOTAL	\$14,995,471	0.00	\$3,921,462	0.00	\$6,363,861	0.00	\$6,533,810	0.00
TOTAL	0	0.00	0	0.00	0	0.00	73,519	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	73,519	0.00
PROGRAM-SPECIFIC TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	73,519	0,00
FMAP Adjustment - 1886022								
DENTAL								
Budget Object Summary Fund	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Unit								

## FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER:	90546C		DEPARTMENT:	Social Services
BUDGET UNIT NAME:	Dental		The contraction of the contracti	
HOUSE BILL SECTION:	11.460		DIVISION:	MO HealthNet
	and explain why the fl	exibility is needed	l. If flexibility is bein	ense and equipment flexibility you are requesting grequested among divisions, provide the amoun flexibility is needed.
		Governor's R	ecommended	
<b>Total</b> \$ 6,533,81	<b>% Flex Flex Amount</b> 0 10% \$ 653,381		그리트 등 경험하는 1951는 11분을 수가했다. 기급하는 생각하는 아니라 시간에 가면 보면 되어 되었다. 그 없는 사람들이 없다.	ent (10%) flexibility is requested between sections 11.410, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
	the amount.	CURRE	much flexibility was  ENT YEAR D AMOUNT OF HAT WILL BE USED	used in the Prior Year Budget and the Current  BUDGET REQUEST  ESTIMATED AMOUNT OF  FLEXIBILITY THAT WILL BE USED
ear Budget? Please specify PRIOR YE	the amount.  AR LEXIBILITY USED	CURRE ESTIMATED FLEXIBILITY TH  HB11 language flexibility between 11.455, 11.460, 11	ENT YEAR O AMOUNT OF	BUDGET REQUEST ESTIMATED AMOUNT OF
ear Budget? Please specify for PRIOR YE ACTUAL AMOUNT OF FI	the amount.  AR LEXIBILITY USED	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF HAT WILL BE USED e allows up to 10% en 11.410, 11.435, .465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
ear Budget? Please specify for PRIOR YE ACTUAL AMOUNT OF FI \$1,053,63  Please explain how flexibility were	the amount.  AR LEXIBILITY USED	CURRE ESTIMATED FLEXIBILITY TH HB11 language flexibility betwee 11.455, 11.460, 11 11.490, 11.510,	ENT YEAR D AMOUNT OF HAT WILL BE USED e allows up to 10% en 11.410, 11.435, .465, 11.470, 11.480,	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED

## **DECISION ITEM DETAIL**

Budget Unit Decision Item Budget Object Class	FY 2017 ACTUAL DOLLAR	FY 2017 ACTUAL FTE	FY 2018 BUDGET DOLLAR	FY 2018 BUDGET FTE	FY 2019 DEPT REQ DOLLAR	FY 2019 DEPT REQ FTE	FY 2019 GOV REC DOLLAR	FY 2019 GOV REC FTE
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	14,995,471	0.00	3,921,462	0.00	5,007,365	0.00	5,151,021	0.00
TOTAL - PD	14,995,471	0.00	3,921,462	0.00	5,007,365	0.00	5,151,021	0.00
GRAND TOTAL	\$14,995,471	0.00	\$3,921,462	0.00	\$5,007,365	0.00	\$5,151,021	0.00
GENERAL REVENUE	\$4,346,832	0.00	\$478,690	0.00	\$682,270	0.00	\$537,686	0.00
FEDERAL FUNDS	\$9,918,004	0.00	\$2,522,837	0.00	\$3,405,160	0.00	\$3,693,400	0.00
OTHER FUNDS	\$730,635	0.00	\$919,935	0.00	\$919,935	0.00	\$919,935	0.00

Department: Social Services HB Section: 11.460

Program Name: Dental

Program is found in the following core budget(s): Dental

#### 1a. What strategic priority does this program address?

Quality dental care

#### 1b. What does this program do?

#### **Program Description**

Dental services include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- · Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a nursing facility or ICF/ID. Coverage for adults is more limited and includes dental services in tiers 1-6 and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. See Additional Details for more information on dental services available to participants.

## **Program Statistics**

The total number of fee-for-service participants eligible for dental services is 127,050 FY17. The dental program comprises .207% of the total Medicaid program dollars. As of June 2017, there were 871 dental providers enrolled in MO HealthNet. 209 of these providers are employed by a rural health clinic (RHC) or federally qualified health clinic (FQHC). In FY17, 78% of all dental claims were provided by dental professionals in an RHC or FQHC.

## **Program Goals**

To provide access to dental care in the appropriate setting and to improve the oral health of MO HealthNet participants.

## **Program Objectives**

Improve the overall health of MO HealthNet participants by improving oral health through the use of diagnostic, preventative, and corrective dental services.

Ensure adequate supply of dental providers who can provide quality diagnostic, preventative, and corrective dental services.

Ensure MO HealthNet-eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Department: Social Services

HB Section: 11.460

Program Name: Dental

Program is found in the following core budget(s): Dental

#### Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). See Managed Care tab for more information. Dental rates are reimbursed through fee-for-service based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee for service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a rural health clinic (RHC) or federally qualified health clinic (FQHC), the reimbursement methodology is different and would be paid out of the Physician-Related Services line (see Physician-Related Services tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

A copayment, a portion of the providers' charges paid by the participant, is required on many dental services and is determined in state regulation (13 CSR 70-4.050). According to 42 CFR Section 447.56(c)(1), MHD is required to reimburse providers a rate less any assessed co-pay. It is the responsibility of the provider to collect the copay from the participant. The copayment for a service can range between \$0.50 to \$3.00 for dental services; however, some services and participants are exempt from copay requirements. See Physician-Related Services for a detailed list of copay exemptions.

#### Rate History

#### 7/1/2017: 3% rate decrease

7/1/2016: 2% rate increase

1/1/2016: 1% rate increase (Tax Amnesty Fund)

7/1/2009: Maximum allowable reimbursement rates were increased to 38.75% of the 50th percentile of the usual and customary rate listed in the 2007 NDAS Comprehensive Fee Report.

7/1/2008: Maximum allowable reimbursement rates were increased to 38.5% of the 50th percentile of the usual and customary rate listed in the 2007 National Dental Advisory Service (NDAS) Comprehensive Fee Report.

#### Additional Details

#### Service Information

For children under 21, pregnant women, the blind, and nursing facility residents (including ICF/ID), covered services under the dental program include, in part, the following: examinations; fillings; sealants; prophylaxis; fluoride treatments; extractions; anesthesia; crowns; injections; oral surgery; periodontal treatment (in limited cases); pulp treatment; restoration; root canal therapy; x-rays; dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

Department: Social Services HB Section: 11.460

Program Name: Dental

Program is found in the following core budget(s): Dental

Coverage for adults for dental services in tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri includes preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control, and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: RSMo. 208.152, 208.166; Federal law: Social Security Act Section 1905(a)(10); Federal regulation: 42 CFR 440.100

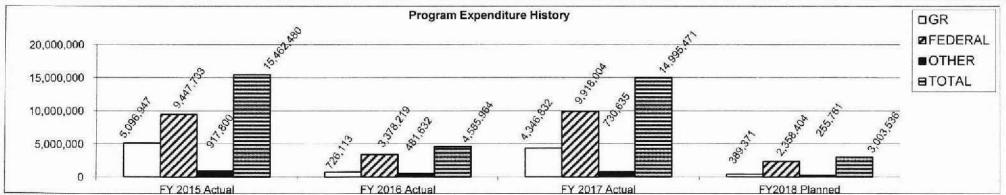
## 3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY18 is a blended 64.260% federal match. The state matching requirement is 35.740%.

#### 4. Is this a federally mandated program? If yes, please explain.

Yes, only for children.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2018 planned is net of reverted, restricted, and reserve.

## 6. What are the sources of the "Other" funds?

Health Initiatives Fund (0275) and Healthy Families Trust Fund (0625).

Department: Social Services Program Name: Dental

Program is found in the following core budget(s): Dental

HB Section: 11.460

#### 7a. Provide an effectiveness measure.

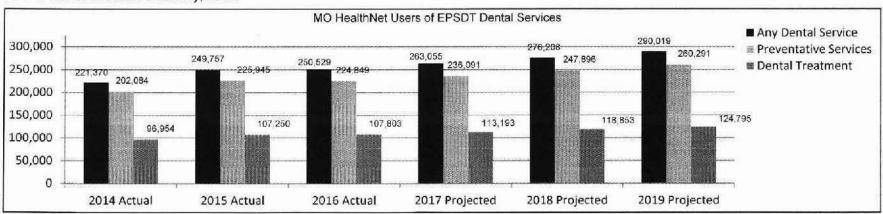
Maintain or increase the ratio of participants who receive EPSDT screenings. The purpose of the Early Periodic Screening Diagnosis and Treatment/ Healthy Children and Youth (EPSDT/HCY) program is to ensure a comprehensive, preventive health care program for Missouri. The HCY program provides early and periodic medical, dental, vision, and hearing screening, diagnosis and treatment to ameliorate defects and chronic conditions found during the screening. A dental screening is available to children from birth until they become 21 years of age.

**EPSDT Participant Ratio** 

* Federal Fiscal Year	Participants Who Should Have Received a Screening	Participants Who Received At Least One Screening	Percent
2014 Actual	395,881	278,040	70%
2015 Actual	432,703	304,370	70%
2016 Actual	457,831	310,856	68%
2017 Projected	457,831	310,856	68%
2018 Projected	457,831	310,856	68%
2019 Projected	457,831	310,856	68%

<sup>\*</sup>Based on federal Fiscal year in which report was submitted to CMS.

FFY 17 will be available February, 2018.



Note: Data includes both fee-for-service and Managed Care. Based on federal fiscal year in which report was submitted to CMS. FFY 17 will be available February, 2018.

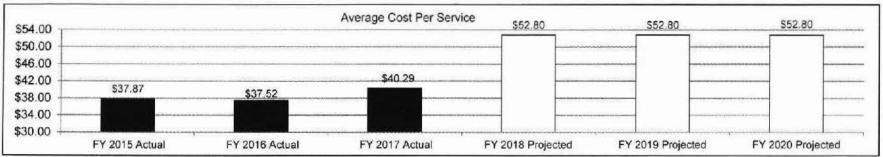
Department: Social Services HB Section: 11.460

Program Name: Dental

Program is found in the following core budget(s): Dental

#### 7b. Provide an efficiency measure.

Provide adequate dental services to MO HealthNet recipients with the funds appropriated.

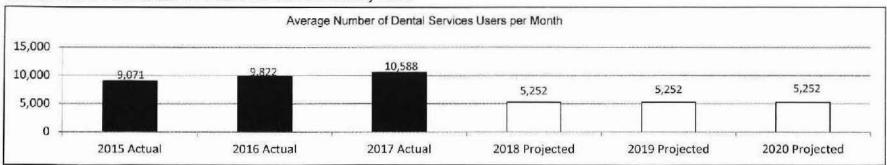


#### Projection reflects shift to statewide MC.

## 7c. Provide the number of clients/individuals served, if applicable.

Effective September 1, 2005 dental services are available only to children, pregnant women, the blind, and nursing facility residents (including ICF/IID). Dental services are available to other adults if the dental care was related to trauma or a disease/medical condition. Qualified Medicare Beneficiaries (QMB) are not eligible for dental services. In the regions of the state where managed care has been implemented, children and pregnant women have dental services available through the managed care health plans.

SB 577 (2007) provided medically necessary dental services for adults; however, funding was not appropriated until FY 2016 for these services. Coverage for adults for services in tiers 1-6 is funded in FY 2016 with the Tax Amnesty Fund.



Projection reflects shift to statewide MC. Source: Table 23 Medical Statistics for Fiscal Year 2017 (Paid Claims Data)

## 7d. Provide a customer satisfaction measure, if available.

N/A

Department: Social Services

Budget Unit: 90547C

Division: MO HealthNet Core: Premium Payments

HB Section: 11.465

1 CORE FINANCIAL SUMMARY

V.Desc		FY 2019 Budge	t Request			FY 2019 Governor's Recommendation					
	GR	Federal	Other	Total	E	GR	Federal	Other	Total		
PS					PS -						
EE					EE						
PSD	88,605,500	172,608,746	0	261,214,246	PSD	84,267,486	166,371,124	0	250,638,610		
TRF					TRF						
Total	88,605,500	172,608,746	0	261,214,246	Total	84,267,486	166,371,124	0	250,638,610		
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00		
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0		
Note: Fringes	budgeted in Hous	e Bill 5 except for o	ertain fringes bu	idgeted directly	Note: Fringes	budgeted in Hou	se Bill 5 except for	r certain fringes	budgeted		
to MoDOT, Hig	hway Patrol, and	Conservation.	- 7.5		directly to MoL	OOT, Highway Pa	trol, and Conserva	ation.	9/30		

Other Funds: N/A Other Funds: N/A

#### 2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare; and
- 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance.

Payment of these premiums allows for MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

## 3. PROGRAM LISTING (list programs included in this core funding)

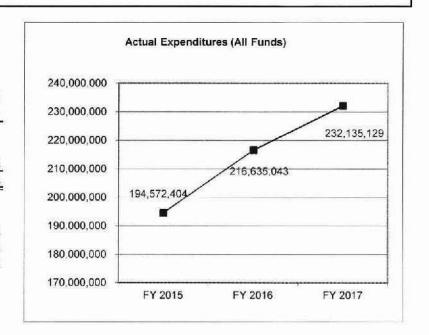
Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

Department: Social Services Division: MO HealthNet Core: Premium Payments Budget Unit: 90547C

HB Section: 11.465

## 4. FINANCIAL HISTORY

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current Yr.
Appropriation (All Funds)	200,219,496	220,826,138	243,555,400	261,214,246
Less Reverted (All Funds)	(600,000)	(1,120,966)	(2,347,111)	(2,658,165)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	199,619,496	219,705,172	241,208,289	258,556,081
Actual Expenditures (All Funds)	194,572,404	216,635,043	232,135,129	N/A
Unexpended (All Funds)	5,047,092	3,070,129	9,073,160	N/A
Unexpended, by Fund:				
General Revenue	0	72,560	113	N/A
Federal	5,047,092	2,997,569	9,073,048	N/A
Other	0			N/A
	(1)			



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

#### NOTES:

(1) Expenditures of \$37,773 were paid from Premium for Blind Medical and \$30,244 were paid from Managed Care for Premium.

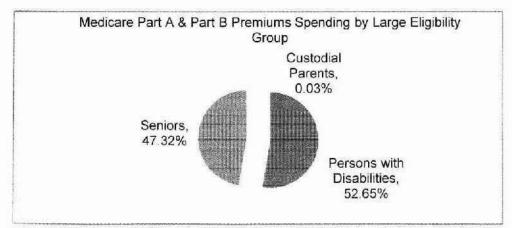
Department: Social Services Division: MO HealthNet Core: Premium Payments Budget Unit: 90547C

HB Section: 11.465

Cost Per Eligible - Per Member Per Month (PMPM)

	Premium Payments PMPM*	Acute Care PMPM	Total PMPM	Premium Payments Percentage of Acute	Premium Payments Percentage of Total	
PTD	\$64.29	\$1,127.90	\$2,188.07	5.70%	2.94%	
Seniors	\$114.26	\$406.24	\$1,679.11	28.13%	6.80%	
Custodial Parents	\$0.06	\$476.89	\$515.48	0.01%	0.01%	
Children*	\$0.00	\$266.90	\$297.35	0.00%	0.00%	
Pregnant Women	\$0.00	\$899.91	\$916.46	0.00%	0.00%	

Source: Table 23 Medical Statistics for Fiscal Year 2017 (Paid Claims Data).



Source: Table 23 Medical Statistics for Fiscal Year 2017 (Paid Claims Data).

The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

The PMPM table reflects the PMPM amounts for managed care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, pharmacy, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MO HealthNet. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the managed care PMPM to the acute care PMPM, MO HealthNet management can monitor the progress of interventions controlled by MO HealthNet management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for managed care. It provides a snapshot of what eligibility groups are enrolled in managed care, as well as the populations impacted by program changes.

<sup>\*</sup> CHIP eligibles not included

## CORE RECONCILIATION DETAIL

# DEPARTMENT OF SOCIAL SERVICES PREMIUM PAYMENTS

## 5. CORE RECONCILIATION DETAIL

		Budget		<b></b>				+	*
		Class	FTE	GR	Federal	Other	_	Total	
TAFP AFTER VET	OES								
		PD	0.00	88,605,500	172,608,746		0	261,214,246	
		Total	0.00	88,605,500	172,608,746		0	261,214,246	
DEPARTMENT CO	DRE REQUEST								
		PD	0.00	88,605,500	172,608,746		0	261,214,246	
		Total	0.00	88,605,500	172,608,746		0	261,214,246	
GOVERNOR'S AD	DITIONAL COR	E ADJUST	MENTS						
Core Reduction	2043 8201	PD	0.00	0	(6,237,622)		0	(6,237,622)	
Core Reduction	2061 8200	PD	0.00	(4,338.014)	0		0	(4,338,014)	
NET (	GOVERNOR CH	ANGES	0.00	(4,338,014)	(6,237,622)		0	(10,575,636)	
GOVERNOR'S RE	COMMENDED	CORE							
		PD	0.00	84,267,486	166,371,124		0	250,638,610	
		Total	0.00	84,267,486	166,371,124		0	250,638,610	

## **DECISION ITEM SUMMARY**

Budget Unit								
Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	77,999,990	0.00	88,605,500	0.00	88,605,500	0.00	84,267,486	0.00
TITLE XIX-FEDERAL AND OTHER	154,135,138	0.00	172,608,746	0.00	172,608,746	0.00	166,371,124	0.00
TOTAL - PD	232,135,128	0.00	261,214,246	0.00	261,214,246	0.00	250,638,610	0.00
TOTAL	232,135,128	0.00	261,214,246	0.00	261,214,246	0.00	250,638,610	0.00
Year 1 Asset Limit CTC - 0000016								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	872,868	0.00	352,357	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,569,404	0.00	660,250	0.00
TOTAL - PD	0	0.00	0	0.00	2,442,272	0.00	1,012,607	0.00
TOTAL	0	0.00	0	0.00	2,442,272	0.00	1,012,607	0.00
Year 2 Asset Limit Increase - 0000017								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	328,909	0.00	224,152	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	591,374	0.00	420,019	0.00
TOTAL - PD	0	0.00	0	0.00	920,283	0.00	644,171	0.00
TOTAL	0	0.00	0	0.00	920,283	0.00	644,171	0.00
MHD COST TO CONTINUE - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,980,393	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,296,680	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,277,073	0.00	0	0.00
TOTAL	0	0.00	0	0.00	6,277,073	0.00	a	0.00
Medicare Premium Increase - 1886003								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	9,142,886	0.00	2,995,668	0.00

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# DECISION ITEM SUMMARY

						THE STATE OF THE S		
Budget Unit Decision Item	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Medicare Premium Increase - 1886003								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00		0.00	17,802,993	0.00	6,067,956	0.00
TOTAL - PD	0	0.00	(	0.00	26,945,879	0.00	9,063,624	0.00
TOTAL	0	0.00	(	0.00	26,945,879	0.00	9,063,624	0.0
FMAP Adjustment - 1886022								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	(	0.00	0	0.00	4,338,014	0.00
TOTAL - PD	0	0.00		0.00	0	0.00	4,338,014	0.00
TOTAL	0	0.00		0.00	0	0.00	4,338,014	0.00
GRAND TOTAL	\$232,135,128	0.00	\$261,214,246	0.00	\$297,799,753	0.00	\$265,697,026	0.00

## FLEXIBILITY REQUEST FORM

DEPARTMENT:	Social Services
the state of the s	
DIVISION:	MO HealthNet
ibility is needed. If flexibility is be	cpense and equipment flexibility you are requesting ing requested among divisions, provide the amount ne flexibility is needed.
Governor's Recommended	
	rcent (10%) flexibility is requested between sections 11.410, 50, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550,
	as used in the Prior Year Budget and the Current  BUDGET REQUEST
ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
HB11 language allows up to 10% flexibility between 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.510, 11.555, and 11.600	10% flexibility is being requested for FY19
current years.	
	CURRENT YEAR EXPLAIN PLANNED USE
Flexibility allows conti	nued service without disrupting or delaying benefits and allows the funding of the Medicaid program.
i x	DIVISION:  ibility and the amount by fund of exibility is needed. If flexibility is been bercentage terms and explain why the Governor's Recommended  Not more than ten per 11.435, 11.455, 11.465, 11.555, and 11.595.  CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED  HB11 language allows up to 10% flexibility between 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.510, 11.555, and 11.600 current years.

# **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	232,135,128	0.00	261,214,246	0.00	261,214,246	0.00	250,638,610	0.00
TOTAL - PD	232,135,128	0.00	261,214,246	0.00	261,214,246	0.00	250,638,610	0.00
GRAND TOTAL	\$232,135,128	0.00	\$261,214,246	0.00	\$261,214,246	0.00	\$250,638,610	0.00
GENERAL REVENUE	\$77,999,990	0.00	\$88,605,500	0.00	\$88,605,500	0.00	\$84,267,486	0.00
FEDERAL FUNDS	\$154,135,138	0.00	\$172,608,746	0.00	\$172,608,746	0.00	\$166,371,124	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Department: Social Services HB Section: 11.465

**Program Name: Premium Payments** 

Program is found in the following core budget(s): Premium Payments

#### 1a. What strategic priority does this program address?

Cost-effective coverage

#### 1b. What does this program do?

#### **Program Description**

The purpose of the Medicare Buy-in Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

#### Medicare Buy-In Program

Medicare has three sets of basic coverage:

- · Part A, which pays for hospitalization costs;
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services; and
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D).

The Medicare Buy-In Program assists "dual eligibles", individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligibles—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium; for, full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet "wrap-around" benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. For more information on dual eligibility categories, see Additional Details.

## Health Insurance Premium Payment (HIPP) Program

States are federally mandated to purchase group health insurance (such as employer-sponsored insurance) for an eligible MO HealthNet participant when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds (Omnibus Budget Reconciliation Act of 1990). The (HIPP) program pays for health insurance for MO HealthNet eligibles when it is determined to be "cost effective". "Cost effective" means that it costs less to buy other health insurance to cover medical care than to pay for the same services with MO HealthNet funds. See additional details for more information on how cost effectiveness is determined.

## **Program Statistics**

In FY 17, MO HealthNet made monthly Medicare Part B and QI premium payments for 138,427 dual recipients. Of this population, MO HealthNet funded Medicare Part A premiums for 1,236 individuals. MO HealthNet also paid private health insurance premiums for an additional 1,812 individuals on average in FY 17. The Premium program comprises almost 2.60% of the total Medicaid program dollars.

## **Program Goals**

To assist the state in cost avoidance and cost recovery by paying for Medicare or private insurance premiums, co-pays, and deductibles for participants who meet eligibility guidelines.

## **Program Objectives**

To increase access to coverage for those individuals who qualify for state or federal health insurance premium assistance.

HB Section: 11.465

Department: Social Services

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

#### Reimbursement Methodology

Medicare and private insurance premiums are paid monthly. Payment is made directly to Medicare for the Medicare Buy-In Program or the private health insurer for the HIPP Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called "crossover claims."

#### Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	1.00
Part A	Part B & QI
\$413.00	\$134.00
\$411.00	\$121.80
\$407.00	\$104.90
\$426.00	\$104.90
\$441.00	\$104.90
\$451.00	\$99.90
\$450.00	\$115.40
\$461.00	\$110.50
\$443.00	\$96.40
\$423.00	\$96.40
\$410.00	\$93.50
	\$413.00 \$411.00 \$407.00 \$426.00 \$441.00 \$451.00 \$450.00 \$461.00 \$443.00 \$423.00

<sup>\*</sup>CY18 will not be available until October, 2017

#### Additional Details

## **HIPP Cost Effectiveness**

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location (county); type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

## Full Dual Beneficiary Categories:

Qualified Medicare Beneficiary (QMB) Plus

- MO HealthNet pays Part A (if applicable) and Part B premiums
- · Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus

- · MO HealthNet pays only Part B premiums
- · Individuals from 100-120% FPL
- · Includes MO HealthNet wrap-around benefits

Department: Social Services HB Section: 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

#### Partial Dual Beneficiary Categories:

#### QMB Only

MO HealthNet pays both Part A (if applicable) and Part B premiums Individuals below 100% FPL No MO HealthNet wrap-around benefits

#### SLMB Only

- · MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- · No Medicaid wrap-around benefits

#### Qualified Individuals (QI)

- · MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- · No MO HealthNet wrap-around benefits

#### Partial "Undesignated"

Partial duals with income 135% FPL or greater

Can include the following individuals:

- Recipients of supplemental nursing care payments
- SSI recipients
- · Individuals on spenddown

MO HealthNet pays only Part B premiums Individuals receive full MO HealthNet benefits

## 2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo 208.153; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

## 3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the annual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY18 is a blended 64.260% federal match. The state matching requirement is 35.740%. 100% federal funds for QI.

Department: Social Services

**Program Name: Premium Payments** 

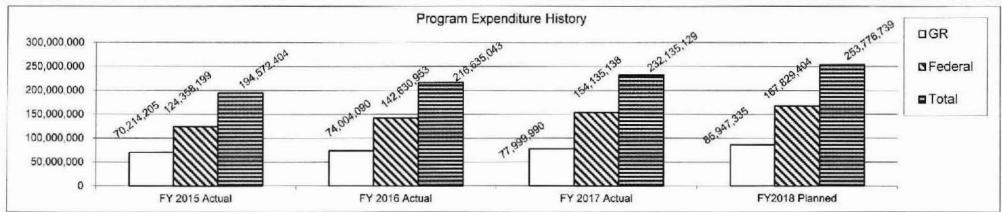
Program is found in the following core budget(s): Premium Payments

HB Section: 11.465

## 4. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

## 5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2017 planned is net of reverted.

6. What are the sources of the "Other" funds?

N/A

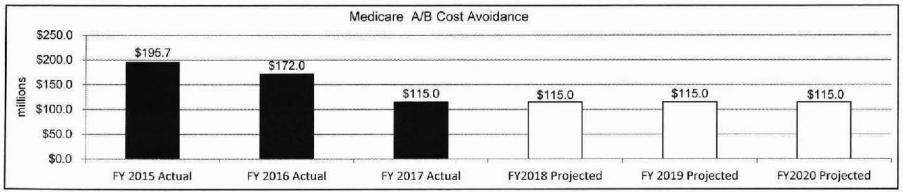
Department: Social Services HB Section: 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

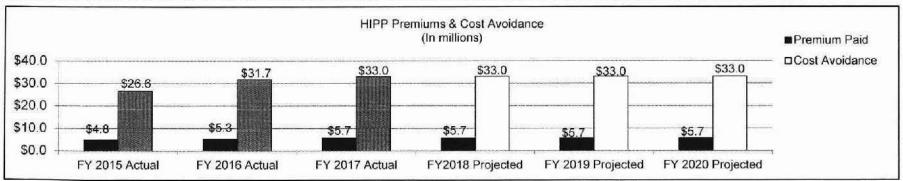
#### 7a. Provide an effectiveness measure.

Increase cost avoidance by paying Medicare premiums for dual eligibles. By paying Medicare premiums for dual eligibles, the MO HealthNet avoided over \$115.0 million in SFY 2017 as shown in the chart below



## 7b. Provide an efficiency measure.

Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for MO HealthNet eligibles when it is cost effective to do so. In FY17, the MO HealthNet Division paid \$5.7 million for health insurance premiums, coinsurance and deductibles and avoided \$33.0 million in costs.

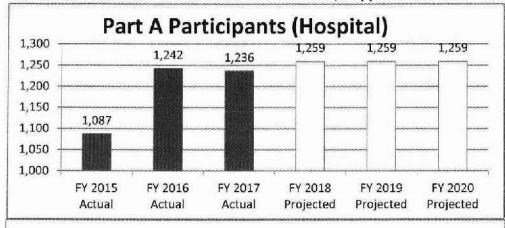


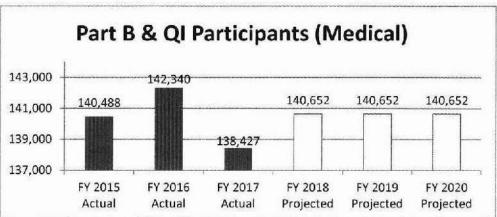
Department: Social Services

Program Name: Premium Payments

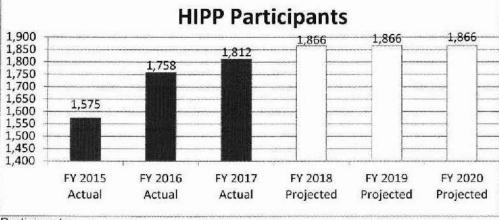
Program is found in the following core budget(s): Premium Payments

7c. Provide the number of clients/individuals served, if applicable.





HB Section: 11.465



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO HealthNet participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds.

7d. Provide a customer satisfaction measure, if available.

NFW	DECISION	ITEN
14-44	DECIDION	11 -14

OF

22

RANK: 11

	: Social Services				<b>Budget Unit:</b>	90547C	-0.0			_
Division: MC DI Name: Me	O HealthNet edicare Premium	Increases		DI# 1886003	HB Section:	11.465				_
1. AMOUNT	OF REQUEST									
V.		FY 2019 Budg	et Request			FY 20	119 Governor's I	Recommendati	ion	
	GR	Federal	Other	Total E	[ ]	GR	Federal	Other	Total	E
PS EE PSD TRF	9,142,886	17,802,993	0	26,945,879	PS EE PSD TRF	2,995,668	6,067,956	0	9,063,624	
Total	9,142,886	17,802,993	0	26,945,879	Total	2,995,668	6,067,956	0	9,063,624	
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00	0
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0	7
	s budgeted in Hou DOT, Highway Pa			s budgeted		budgeted in Hou DOT, Highway Pa			s budgeted	
Other Funds:	N/A				Other Funds:	N/A				
2. THIS REQ	UEST CAN BE C	ATEGORIZED A	S:							
Y	New Legislation		_		New Program			und Switch		

# 3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Other:

Space Request

NDI SYNOPSIS: Funding is requested for anticipated Medicare Part A and Part B increases.

GR Pick-Up Pay Plan

Federal law mandates that the Medicare Part A and Part B premiums cover a certain percentage of the cost of the Medicare program. Medicare Part A and Part B premiums are adjusted each January. Current premium rates (effective January 2017) are \$413 per month for Part A and \$134 per month for Part B. Part A rates are assumed to increase \$5 and Part B premium rates are assumed to increase \$15 beginning January 2018. This request is for six months of funding for the calendar year 2018 premium increase and six months of funding for the expected premium increase for calendar year 2019.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is RSMo 208.153.

Equipment Replacement

	-	2101	-	
NI-VV	DE	015	ON	ITEM

	RANK:	NEW DE	CISION ITEM OF	22	
Department - Social Services			Budget Un 90	547C	
Division - MO HealthNet					
DI Name - Medicare Premium Increases	DI# 1886003				

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Projected participants are based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the blended FY19 FMAP of 65.203%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with income between 120% and 135% of the federal poverty level with assets of \$6,000 per individual and \$9,000 per couple, indexed each year according to the Consumer Price Index. The difference between the Governor's Recommended buget and the department request is based on updated Premium Increases.

Department Request:	Part A	Part B	QI
Eligibles per month (FY18)	1,276	141,695	7,579
Premium Increase (1/18)	\$5.00	\$15.00	\$15.00
Premium Increase (1/19)	\$5.00	\$15.00	\$15.00

Governor Recommended:	Part A	Part B	QI
Eligibles per month (FY18)	1,276	141,695	7,579
Premium Increase (1/18)	\$9.00	\$0.00	\$0.00
Premium Increase (1/19)	\$5.00	\$10.00	\$10.00

Premium increase for 2018	\$5.00	\$15.00	\$15.00
Number of months to increase Projected increase 7/18 - 6/19	38,280	12,752,550	682,110

Calendar Year 2018 Increase:			
Average eligibles per month	1,276	141,695	7,579
Premium increase for 2018	\$9.00	\$0.00	\$0.00
Number of months to increase	6	6	6
Projected increase 7/18 - 6/19	68,904	0	0

Calendar Year 2019 Increase:			
Average eligibles per month	1,276	141,695	7,579
Premium increase for 2019	\$5.00	\$15.00	\$15.00
Number of months to increase	6	6	6
Projected increase 1/19 - 6/19	38,280	12,752,550	682,110

Projected increase 1/19 - 6/19	38,280	8,501,700	454,740
Number of months to increase	6	6	6
Premium increase for 2019	\$5.00	\$10.00	\$10.00
Average eligibles per month	1,276	141,695	7,579
Calendar Year 2019 Increase:			

Total Projected Increase SFY19	\$76,560	\$25,505,099	\$1,364,220

Total Projected Increase SFY19	\$107,184	\$8,501,699	\$454,740

	Total	GR	Federal	
Part A Request	76,560	27,363	49,197	
Part B Request	25,505,099	9,115,523	16,389,576	1
Part B QI	1,364,220		1,364,220	QI Federal only
	\$26,945,879	\$9,142,886	\$17,802,993	

	Total	GR	Federal	
Part A Request	107,184	\$37,293	69,891	
Part B Request	8,501,700	\$2,958,375	5,543,325	
Part B QI	454,740	\$0	454,740	QI Federal only
	\$9,063,624	\$2,995,668	\$6,067,956	

## **NEW DECISION ITEM**

Budget Un 90547C

RANK	: 11	OF 22	
		-c-art	

Department - Social Services
Division - MO HealthNet
DI Name - Medicare Premium Increases
DI# 1886003

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	9,142,886	1400	17,802,993	_		_	26,945,879			
Total PSD	9,142,886	-	17,802,993		C	)	26,945,879		C	
Grand Total	9,142,886	0.0	17,802,993	0.0	C	0.0	26,945,879	0.0	0	
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS	E
Program Distributions Total PSD	2,995,668 <b>2,995,668</b>	÷	6,067,956 <b>6,067,956</b>	<u>.=</u>	C	5	9,063,624 9,063,624	l.	C	
Grand Total	2,995,668	0.0	6,067,956	0.0		0.0	9,063,624	0.0	0	_

#### **NEW DECISION ITEM**

RANK:	11	OF	22	
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Department - Social Services

Budget Un 90547C

Division - MO HealthNet

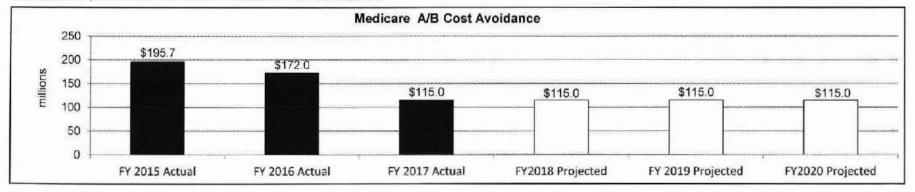
DI Name - Medicare Premium Increases

DI# 1886003

## 6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

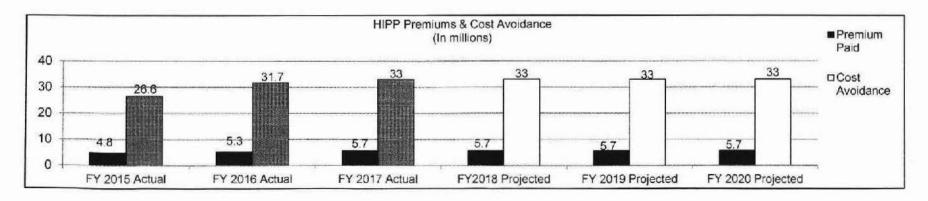
#### 6a. Provide an effectiveness measure.

Effectiveness Measure: Increase cost avoidance by paying Medicare premiums for dual eligibles. By paying Medicare premiums for dual eligibles, the MO HealthNet avoided over \$115 million in FY2017 as shown in the chart below.



#### 6b. Provide an efficiency measure.

Efficiency Measure: Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for MO HealthNet eligibles when it is cost effective to do so. In FY17, the MO HealthNet Division paid \$5.7 million for health insurance premiums, coinsurance, and deductibles and avoided \$33 million in costs.



#### **NEW DECISION ITEM**

RANK:	11	OF_	22	

**Department - Social Services** 

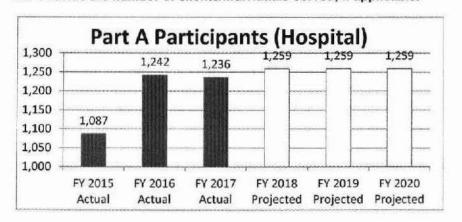
Budget Un 90547C

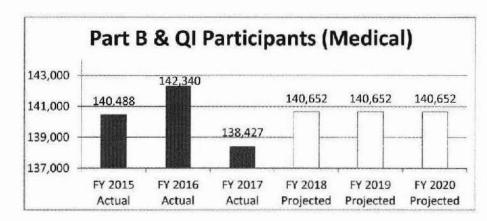
Division - MO HealthNet

DI Name - Medicare Premium Increases

DI# 1886003

#### 6c. Provide the number of clients/individuals served, if applicable.





Participants: Part A (Hospital) premium payments can be made for: Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals. Part B (Medical) premium payments can be made for: Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries. HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO HealthNet participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds.

#### 6d. Provide a customer satisfaction measure, if available.

N/A

## 7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

## **DECISION ITEM DETAIL**

Budget Unit	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2019
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	<b>GOV REC</b>
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Medicare Premium Increase - 1886003								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	26,945,879	0.00	9,063,624	0.00
TOTAL - PD	0	0.00	0	0.00	26,945,879	0.00	9,063,624	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$26,945,879	0.00	\$9,063,624	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$9,142,886	0.00	\$2,995,668	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$17,802,993	0.00	\$6,067,956	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00